18	1	1.	FOR STATE			ST DEPARTMENT O		MARYLAND H AND MEN			1	8	10	9					
	1	1	REGISTRAR		ME	DICAL EXAM	NER'S	CERTIFICA	ATE OF D	EATH	REG. NO.								
			CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE KI	NOWN D	MONTH	DAY YEAR	2b. HOUR					
	ET SS. S. S.	,		Georg	ae	Arthur	A	dams		DEATH A	MATED KX	7 1	1981	M					
	新た 三支属	3. SE)	(4. RACE	S. DATE OF BIRTH		YEARS IF U	NDER 1 YR. IF	UNDER 24 HR		r.D.	MONTH	DAY YEAR						
	N SEE	N	lale	White		1904 77	YRS. MON	THS DAYS H	IOURS MIN	PRONOUNC DE AD	EU	7 1	1981	11:40					
	PLOUE FILES. THOUSE FILES. THOUSE FILES. THOUSE FILES.	70. B	IRTHPLACE (5)	ATE OR	76. CITIZEN OF W		8. MARE	RIED X NEVER	R MARRIED T	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH						
	開発を見られる		Mary:	land	U.	S.A.	WIDOV	-	DIVORCED [rford	Coun	tv	MD.					
	中国の日本	10. C	TY OR TOWN		11. NAME OF HO	SPITAL, NURSING HO		HER INSTITUTIO		JSUAL OCCUPA	TION (TYPE O	F WORK	26 KIND OF E	USINESS					
	R DEATH IF ANY DELAY AGES 1, 2, AND 310 TH RM PM 3. RETAIN PG 1 AND 2 SHOULD BE FILL AND 2 SHOULD BE FILL AND 2 SHOULD BE FILL AND 3 SH		White H	lall		orrisville				Mecha	nic		Auto						
5	AND STATE		AL RESIDENCE TATE	(IF IN NURSING HOME O	E OR OTHER INSTITUTION, GIVERESIDENCE BEFORE ADMISSION) INTY 136 CITY OR TOWN 136 INSIDE (11Y LIMITS? 13e. STREET ADDRESS								E						
21201	A PURE OF THE AN	1	Md.	Har	ford	White H	all		NO X	+102 N	orris	vil	le Ros	e Road					
MD.	4. IF	14. F/	ATHER'S NAME		MIDDLE LAST FRST MAIDEN NAME FRST MIDDLE														
E.	TAN TOLL		John	Н	enry	Adams			nriet		7.6	F	Harmon	2					
WO	PAGORA	16a. V	VAS DECEASEI	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUI	RITY NO.	17 INFORMA			ADDRESS								
PRESTON ST., BALTIMORE,	HIN 24 HOURS AFTER DEATH IN THE HOUR PAGES A ALONG WITH FORM PAGES I AN HYGIENE, DIVISION OF WOOVAL.		No	(# 163, 6176	WAR OR DATES)	178-07-	6885	Marli:	n B.	Adams	Coc	keys	sville	e, Md.					
	WIT. P.		18 CAUSE O	F DEATH (Enter on	nly ane couse per lin	e far (a), (b), and (c).)							APPROXIMA BETWEEN ON	TE INTERVAL					
N SI	AL ENE		PARTIDE	ATH WAS CAUSE	TE CAUSE (0) AI	rterioscle	rotic	Cardiov	ascula	r Diseas	se	173							
012	N A P C A P		172	12		R AS A CONSEQUENCE	E OF						CAL						
84	NEW PER	-		ns, if any, which se to immediate															
*	UTED WITHI IN PENCIL EXAMINER EIAL - TRANS O MENTAL H		lying cou	stoting the under-	DUE TO, O	R AS A CONSEQUENC	E OF												
28	EXECUTED NG" IN PRICAL EXAM BURIAL- H AND MEI WATION, C			-	(c)														
DIVISION OF VITAL RECORDS, 201	HOULD BE EXECUTED WITHIN 24 HOURD "PENDING" IN PENCIL IN ITEM 18 HIEF MEDICAL EXAMINER ALONG" USED AS A BURIAL. TRANSIT PREMITOR HALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITION GI	IVEN IN PART 1 o										
	- AEAL	CERTIFICATION	190. DATE OF	OPERATION	19b. COND	ITION FOR WHICH OF	PERATION WAS PERFORMED?						20 AUTOPSY?						
T Y	SHOULD ORD "PEI CHIEF A E USED A T OF HEA URIAL, O	FF	0.00										YES (C)	(NO [
>	W W W W W W W W W W W W W W W W W W W	1 2	210. EXTERNA	L CAUSE WAS	21b. TIME C		21c. H	IOW INJURY OF	CCURRED (EN	TER NATURE OF INJUI	RY IN ITEM 18 PA	RT I OR PART							
O N	CERTIFICATE WAS TO THE WAS TO THE STANDID BEPARTMENT OF THE STANDID BEPARTMENT OF THE STANDING TO STANDING THE STANDING TH		UNDERLYING	OR CAUSE OF			AR												
Oisi	SHC PRICEPAL	MEDICAL	21d INJURY C		214 PLACE	OF INJURY (AT HOME	. 21f LC	CATION											
No	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.	*	AT WORK	NOT WHILE	STREET, FAI	CTORY, FARM, ETC.)		STREET		CITY OR TOWN	4	COUN	NTY	STATE					
	R: TH. JR. TH.		220 certis	fy that I took chare	ne of the remains de	escribed abave, held a	n Auto	psy XX i	nspection	. Inquiry	ond	in my apir	nian						
	NO SET		death results	,	ral causes XX	Accident .	Suicide	, Homicide		determined man		,							
	ERTI D B INE MITHER ARY							TITLE (SPE											
	A A LE		ACTUAL SIGNATURE	Usre	nia Zol	olan sr)	A.D. Assis	tant "	EDICAL EXAMI	NER	DATE	7-2-	-81					
	NOR!	-					-11-7												
	*5%5E	The state of the s	EXAMINER'S (TYPE OR PRI	NAME VIRG	jinia L. [Dolan, M.D.		ADDRESS	111	Penn Sti	reet								
	53 4 5 4 A	23a. B	URIAL, CREMA	TION, REMOVAL			CEMETERY (OR CREMATORY	Y 23d	LOCATION		COUNT	Y	STATE					
1	BP			urial	7/4/198	1 St. P	aul (Cemete:	ry P	ylesvi	lle	Harf	ford	Md.					
Z,	DHMH - 17	24. F	UNERAL DIREC		ADDRES			111	DATE REC'D	BY REGISTRAR	256 REGIST	TRAR'S SK	GNATURE	100					
-	(VR A15 ME (5)) 15M 2/80	M	. Glad	dden Ku		arrettsv	ille,	Md.J	UL	1981			1/						
	10M 2/80																		

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	6/	20			n	EDADI			MARYLAN		VCIEN	- 1		1 9	2 7	7 1 0				
by Di	- S1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.										1 0			3					
	1. DECE	ASED NAME	FIRST			WIDDLE			LAST				KNOWN		H DAY	YEAR	26 HOU			
	(TYPE C	OR PRINT)	Sarah	1				-	Aquirre	2		OF	ESTI- MATED		16	19 81				
	3. SEX	4	RACE	5. DATE O	F BIRTH		6. AGE (IN YE	ARS IF U	NDER I YR.	IF UNDER		c DATE		MONTH			,			
ı	fem	nale	white	MONTH 6	1	52	LAST BIRTHD		THS DAYS	HOURS	MIN	PRONOU	NCED)	7	16	19 81	6a M			
	7a. BIRT	THPLACE (STA	TE OR	76. CITIZET	N OF WH		NTRY?		RIED NEV	/ER MARRI	ED X	9. BALTIA	AORE CITY	OR COU	NTY OF					
2	E	cuador			S.A		0 == 0	WIDO	WED	DIVORCI	ED 🗆		arfor		/		MD			
1		ORTOWNO		11. NAME	OF HOSP	ITAL, NU	JRSING HOM STREET ADDRESS)	E, OR OT	HER INSTITUT	TION		AL OCCU	PATION (1 RKING LIFE)	TYPE OF WOR	K 12b. K	OR INDUST	USINESS			
1		dgewoo					STREET ADDRESS)				Res	erv	ation	n Re	d.H	ospi	tal			
7	13a. STA	V Jers	FIN NURSING YOME O	OR OTHER INSTIT	TUTION, GIVE	13c. CIT	y or town Berge		13d. INSIDE CIT	TY LIMITS?	13e STRE	ET ADDR	ark .	Ave.						
		HER'S NAME	O.VI	WIDDIE					15. MOTHE	R'S MAIDE										
3		Victo	r Aqui				LAST		Ľ	eono	ra F		igue:	Z		LAST				
5	16a WA	AS DECEASED	EVER IN U.S. AR	MED FORCE		16b SO	CIAL SECURIT	Y NO.	17. INFORM	MANT			ADDRE	55						
Į		No	, , , , , , , ,		19				Vict	or A	quir	re '	7805	Par	k A	ve.				
I	1	8. CAUSE OF	DEATH (Enter on TH WAS CAUSE	nly one couse	per line f	ar (a), (b	o), and (c).)								BE	APPROXIMAT TWEEN ONS	ET AND DEATH			
	-	011		TE CAUSE (d	0)		injury		rrunk											
	/	S/G	, if any, which		to, or A	AS A CO	NSEQUENCE	OF												
		gove rise	ta immediate) (k)	5 4 60	1550151105													
		lying caus		DOE	: 10, OR A	IS A CO	NSEQUENCE	OF												
		PART 2 DTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	,	JT NOT REL	ATEO TO THE TERM	AINAL DISEA	SE OR CONDITION	GIVEN IN PAG	T 1 (e)	_								
3								WINE OISEN	or condition	OHEN IN LAN	1 1 1 1 1 1 1									
	CERTIFICATION	19a. DATE OF	PERATION	19b.	CONDITI	ON FOR	WHICH OPER	RATION	WAS PERFORA	MED?	CALL				20	AUTOPSY	13			
H	TIFIC															YES 😾	NO 🗆			
5		IIO. EXTERNAL	and the same of th		TIME OF		DAY YEA	21c. H	OW INJURY	OCCURRE	DIENTERN	ATURE OF IN	JURY IN ITEM	18 PART I OR	PART 2)					
2	CAL	CONTRIBUTIN	G CAUSE OF	DEATH 5	XXX.	7-1	6- 198	1 Pa	assenge	er in	auto	tha	t los	t cor	ntro	18				
	III I	WHILE		_ S1	TREET, FACTO		Y (AT HOME, ETC.)	21f. LC	DCATION			CITY OF TO	ww sub				ed . STATE			
1		AT WORK	AT WORK	4	road			19:	STREET 24		Edg	ewoo	d		arfo		Md.			
		220. I certify	that I taak charg	ge of the rem	noins descr	ribed ab	ave, held an	Auta	psy X,	Inspection		Inquiry		ond in my	apinian					
7		death resulted	d fram: Natu	ral causes [],	Accident	X St	ncide	J, Hamici	ide 🔲 ,	Undete	rmined m	onner _],						
13 S 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		ACTUAL	11.		20	0			TITLE (SP											
_		GIGNATURE	vergen	in a	Do	lan		^	M.D. Assi	<u>istan</u>	MED!	CALEXA	MINER	SIG	NED_7	-16-8	31			
2	E	XAMINER'S N	IAME VI	irgini	a L.	Dol	an, M.	0.	_ADDRESS	111	Penr	St.								
			ON, REMOVAL	23b. DATE		23c.	NAME OF CE	MËTERY (RY	23d. LO	CATION			OUNTY		1415			
		Buria	al	7-20	0-81		Fairv:	iew			Fa	RIOWN				N.J				
		VERAL DIRECT	OR			1+4	m o m o	C+	2	25a. DATE R	EC'D. BY		AR 256 RE		SIGNA	JURE				
	В.	Dabrov	vski 28	10 E	• Ba	1 (1	more	36.		Ahr	W T	1981	100		day	ascle	`			

Antiquest ten Mee, hear teal. .ava ming conc .ev. du i jor or inch moot. Ported No. 7-20-81 religibles (em. control . I stomistic . Sick subsection .

12			1-	FOR STATE		DEPART	MENT OF HE	ALTH AND MENT		NE 8 1 1	8 /	1 1
				REGISTRAR				CATE OF DEAT		REG. NO.	Mark to the	
0	en ŧ			CEASED NAME FIRST		IDDLE	3 1"	0	20	O. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
oy b	2		3. SE>	Frec	JOHN 14. RACE		S. DATE OF		۲,	AGE (IN YEAR) LAST BIRTHDAY	IF UNDER 1 YEA	AR IF UNDER 24 HRS
4 E	(联州)	3. JE/	N 1 1	I A A A		MONTH	DAY Y	YEAR	AGE (INTERNITIONAL)	MONTHS DAYS	
Poge	AM.	(70. BII	THPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY	2 8	31 1904	0	BALTIMORE CITY OR COU		
death.	nera in 72	010		N.C.	11.5.	A.	WIDOWEL	NEVER MARRI	RIED 🗀	Harford		MD,
ter o	he for	led .	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSI		OTHER INSTITUTI	ION 12	O USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN	126 KIND	OF BUSINESS OR
201 rs of	by t	206		vrede Grace	Harf	M box	em. t	tospital		Mechanic		motive
0.21	ed in	100 mg	USUA 130. S	L RESIDENCE (IF NURSING HO) TATE 13b C	OUNTY	13 CITY OR TOV	RE ADMISSION)	13d INSIDECITY LIV	IMITS? 13	e. STREET APORESS	1	
LAN	y fill	20	14.5		intord	Hbend		YES X NO		12 Abende	en Hu	e.
ARY with	oletel nd 2	21	14 FA	THER'S NAME	MIDDLE 0	LAST		15. MOTHER'S MAII	IDEN NAME	WIDDLE	1	AST
E, M	lono /	8261	16a V	AS DECEASED EVER IN U.S		GCSON	LIBITY NO	17. INFORMANT	VCY	ADDRESS	dectou	
AOR	ond	oipe.		ES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	219-22-			עבון		Abanda	21001
ALTIA	Gion Gr. P	the		No CAUSE OF DEATH (5-			2400	EQIUN FI.	патт	222 Edmund St		OXIMATE INTERVAL IN ONSET AND DEATH
, B	physi	/ent,	4	18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	USED BY:	Chepi	AC /	TRP+C	7		BETWEE	N ONSET AND DEATH
N SI	ding orbor	ic e		14 111 A	DIATE CAUSE (o)	A	IF VICE OF					
STO	ore co	omo		Conditions, if any, which	DUE TO, OR	XXTE	RIDS	CLERO	TIC	HEART	-	
P +	the cremo	er tro		gove rise to immediate couse (a), stating the	,	AS A CONSEQU	JENCE OF		Dian			
w I w	d by eose ol, cr	r oth		underlying couse lost	(c)				1756	ASE		
S, 26	igne en pl	ury. o	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO	DEATH BUT I	OT RELATED TO THE	THE TERMINA	AL DISEASE OR CONDITION	GIVEN IN PART	1(0)
RECORD low requ	it. Th	, ——	TIO	190, DATE OF OPERATION	PUEU	MODIA	- /)	WAS PERFORMED	ES	200 AUTÓPSY? 20b. IF	YES, WERE FIND	ONCE USED
REC low		ws on	CERTIFICATION	196. DATE OF OPERATION	140 CONDII	ION FOR WHICH	OPERATION	WAS FERFORMED	V. C.	IN CE	RTIFYING CAUSE	ES OF DEATH?
ITAL	physicion.	Show	ERT	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY	OCCURRED	YES NO (ENTER NATURE OF INJURY IN ITEM	YES [] 18 PART 1 OR PART 2)	NO [
OF V	retification of training	8 9 m		OR CONTRIBUTING CAUSE O	TUEATH		DAY YEAR					
DIVISION OF	nding his cer burio	or He	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
NSISI SISI SISI SISI SISI SISI SISI SIS	offer the sthe	rked	W	AT WORK AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE.	FARM, ETC)	STREET		CHYOKIOWN	COOIAII	STATE
	R: Af	S mo		220.1 certify that (I) (this h	ospital) attended the		5-	27	8/	. to 7-6	19.8/	, that (I) (we) lost
ATTEND	RECTOR	211		ow the deceased alivabove, (1) (we) (did) (di	e on d not) view the body o		8/, one	I that in (my) (our)	opinion dea	oth occurred on the date and	hour and from th	ne couses stated
80	h H H	# Hen	1	- NATURE	nol	Den	D	EGREE ATTEN	IDING	MEDICAL _ STAFF _	22c. DAT	TESIGNED
TAL	+ - +			kun(h.	house	TYM	2.	PHYSI	ICIAN DE	DIRECTOR PHYSICIAN		1181
HOSPI	retained by TO FUNERA should be do with the Stor	MPORTAN	1	ANTE 7	VMONAI	KILIA	10.	372 Sil	Anier	NE. HALL	de Gren	ce, red
410	5 543	3		URIAL, CREMATION, REMO				METERY OR CREM	ATORY	23d. LOCATION	COUNTY	CTAYE
fer	BP			Burial	9 July	1981 Be	l Air	iem. Gard	dens	Rel Ain Han	for Ma	Mand
	H-16 30M 2/80 (VRA 15, 4)		24. FL	NERAL DIRECTOR		ADDRESS		04004	THE R	C BBY GOSTRARY SO INC.	HETRADICAL	ATORCIO
3 -11	(+10 10, 7)		T	arring Funera	I Home, P.A	.,Aberd	een, Md	21001			*	

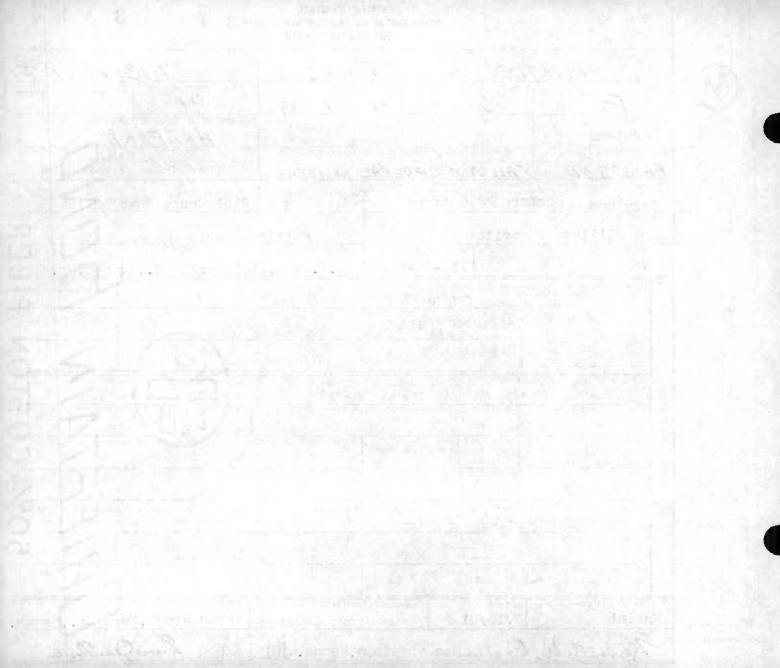
TO THE STATE OF TH 5 31 190/ eric nontre X North Declared X 12 How the way of the tools to have a second tools and the second tools 21-22-51.65 dith M. a. 11, 222 drund St., berdson, M. will sully 1981 of in em. Her ons all in valors spring of ring until ce, .., edeen, d. 21.01

10	11-	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH SEC. NO.												1	1	2
% 4: 8: 8: F;		REGISTRAR CEASED NAME PE OR PRINT)	Mab.	el S	WIDDLE V			Bai	lev		DATE KNO OF ESI DEATH MA	TI-	M- 3	DAY 19		26 HOUR 1:60 2. M
IS NECESSARY, PLEASE PRONERAL DIRECTOR. E. S. FOR YOUR FILES. E. D. WITHIN 72 HOURS TWA PRESTON STREET.	3 SE.		4/1-1	JANUAN W	1898	6. AGE (IN YEARS LAST BIRTHDAY)	MONTH	DER 1 YR.	IF UNDER 2	MIN PR	DATE ONOUNCED DE AD BALTIMORE	CITY OD C		20 19	YEAR 81	1 HOUR 9:50
IS NECESSARY, BETUNERAL DIR E. S. FOR YOUR E. S. FOR YOUR	SM	PREIGN COUNTRY) Project ITY OR TOWN OF DEA	TH I	U.S. A	SPITAL, NUI	RSING HOME,	WIDOW		DIVORCE	D D	HARCO	ON (TYPE OF	inty	7b. KIND	OF BUS	MD.
D. 21201 IF ANY DELAY IS NI 2, AND 3 TO THEFU 3. RETAIN PAGE 5 S SHOULD BE FILED. V ALRECORDS SO TWI	USU	AL RESIDENCE (IF IN NUE	13b. COUNTY	,	ST JAY	re#svil	1)	13d. INSIDE CIT	COTHMIT V	Postm	ADDRESS	(FE)		N.S. Pos	tal S	Evice
E. MD. 21201 ATH. IF ANY DEL SI, 2, AND 3 IC PM. 3. RETAIN ND. 2 SHOULD BE	5	ATHER'S NAME FIRST	Harri	MIDDLE	Fore	LAST		YES 🔀	NO 🗌	114	WEST	James		LAST	ī	
URS AFTER DEATH. URS AFTER DEATH. UR GIVE PAGES I. WITH FORM PM. II. PAGES I AN DA. II. PAGES I AN DA. III. PAGES I.	160.	Robert WAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARME JIF YES, GIVE WA	ED FORCES? AR OR DATES)	16b. SOC	IAL SECURITY I		17. INFORM.				DDRESS N	ADNI	Kine	y Rd.	
N 0-05-		18. CAUSE OF DEATH W. PART I DEATH W. Conditions, if o	AS CAUSED I IMMEDIATE ony, which	BY: CAUSE (a)	for (o), (b)	ond (c).) sequence of	co	inrs, p	ry	arte	ry oc	rlu	ron	APPRO BETWEEN	XIMATE II	NTERVAL AND DEATH
L RECORDS, 201 W. PRE ULD BE EXECUTED WITHI "PENDING" IN PENCIL I. FF AKBIOLAL EXAMINER FED AS A BURIAL-TRANS HEATH AND MENTAL I. AL, CREMATION, OR REA	TH AND ME SEMATION, O	gave rise to couse (o) stating lying couse lost. PART 2 OTHER SIGNIFICANT	the <u>under-</u>	(c)		SEQUENCE OF		OR CONDITION	GIYEN IN PART	T 1 (a).						
F VITAL RE E SHOULD WORD "PEI E CHIEF M BE USED A NIT OF HEA	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 211. HOW INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART OR PART										OPSY?	NO X			
ZAAAE	MEDICALC	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRE WHILE NOT WAT WORK AT WORK	AUSE OF DE	HOUR A.A ATH P.A 21e PLACE	A. MONTH	19 JATHOME,	211 100		OCCORRED		ITY OR TOWN	TIEM TO FAK	COUN			STATE
CAL EXAMITHE CERTIFIED E RAL DIRE		22a I certify that I death resulted from ACTUAL SIGNATURE			Accident	ve, held an Suici	Autops; de , , , , ,	Homicic TITLE (SPI			Inquiry Inquiry		my opin	7/2	0/1	8/
TO MEDIC EXECUTE PAGE 4 S TO FUNEI BALTIMOR	2	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, RI	San	nuel	H.	Hence NAME OF CEME		ADDRESS	Whi	te F	ond	mo	40	0/2/	Ros	d
BP	P	SPECHY)	3	41722,198	1 w	alliam we	HER	s Makich	CEM.	24LLE	ttsville, H	markond G	COUNTY	nal	12101	BY
DHMH-17 (VR A15 ME (5)) 15M 2/80) Age	DATE DIRECTOR	-hate	ADDRES		पु व रिज्योशिक राजन्युम्बर्यन			JULI DATE RI		1981 /	Rome	9	NATURE	206	

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bumStewartstown, Penna. JUL

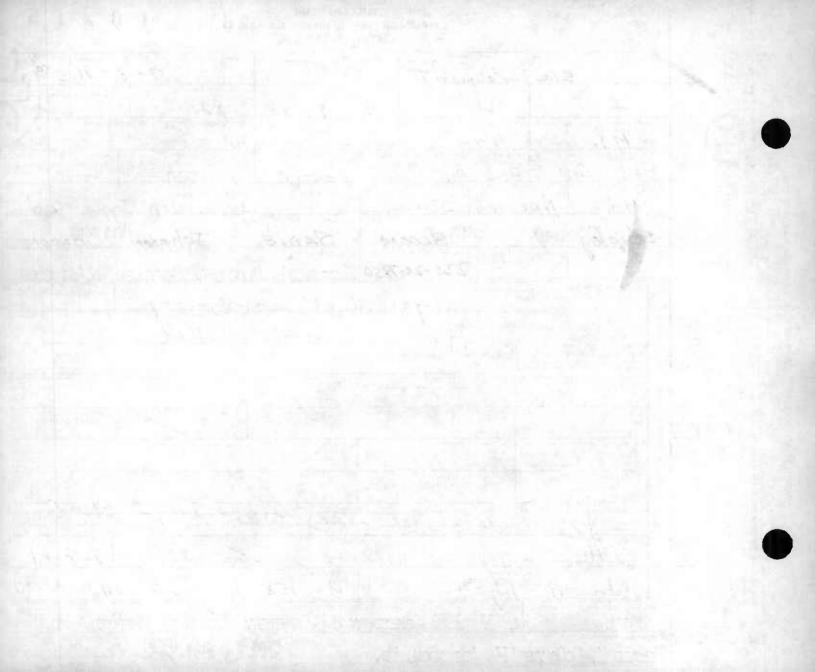
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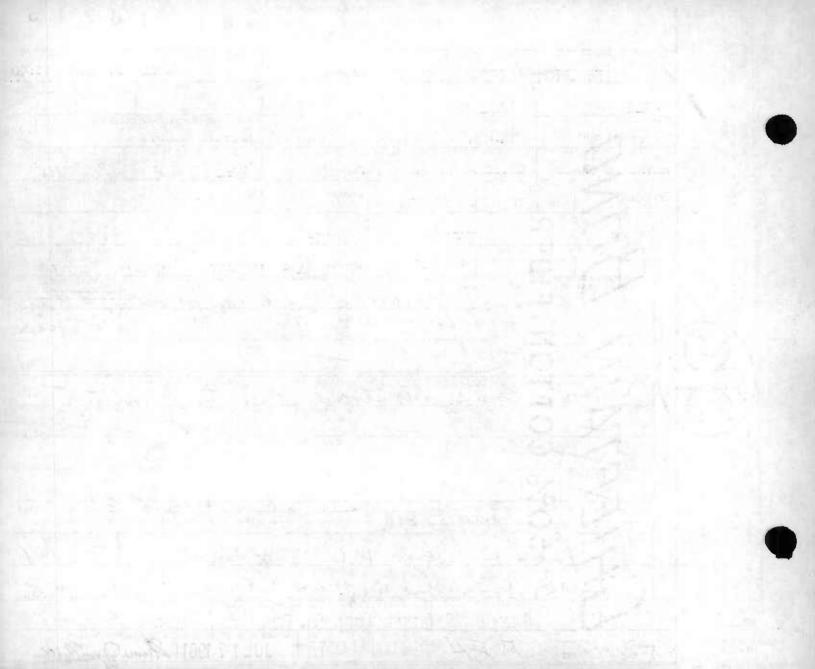


STATE OF MARYLAND

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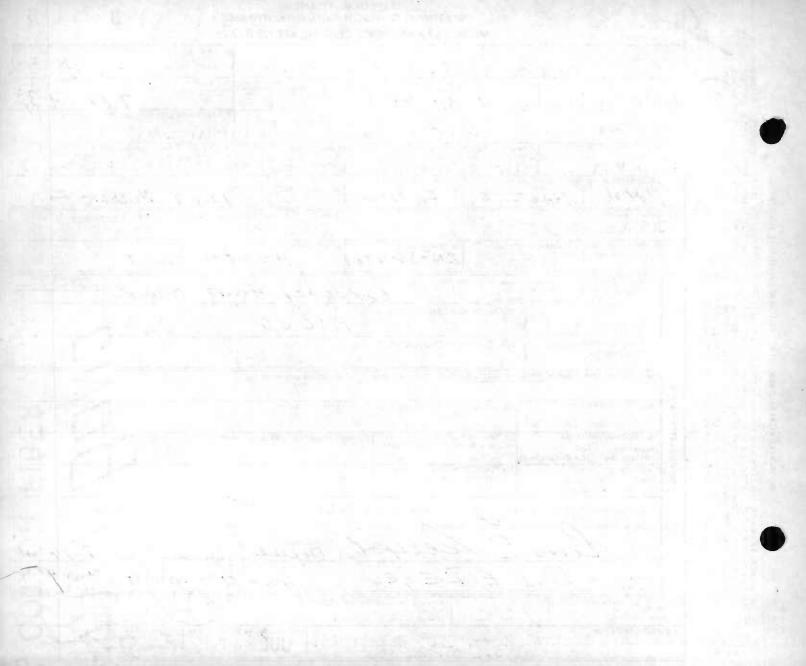
STATE OF MARYLAND





7	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 8 / 1 - STATE DEGISTER CERTIFICATE OF DEATH											
	REGISTRAR	FIRST	MIDDLE	CENTIFICATE OF DEATH	REG. NO.	DAY YEAR TO HOUR						
• ∞±	(TYPE OR PRINT)				20. DATE OF DEATH MONTH	- / 100K						
oy b	3 SEX	Ruth	Russell 14 RACE	Berry S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	26, 1981 4:000 M						
99e 4 m	Female		White	Dec. 6, 1894	86 yrs	MONTHS DAYS HOURS MIN						
6 00 116	To BIRTHPLACE (ST		76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH						
deot deot	Peensyl		USA	WIDOWED DIVORCED		MD.						
the the the the	10 CITY OR TOWN	OF DEATH	(IF NOT IN SUCH FACHITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
urs ours	Aberdeen	OF AUGUSTING HOUSE	503 W Bel Air A	Administrator	US Army							
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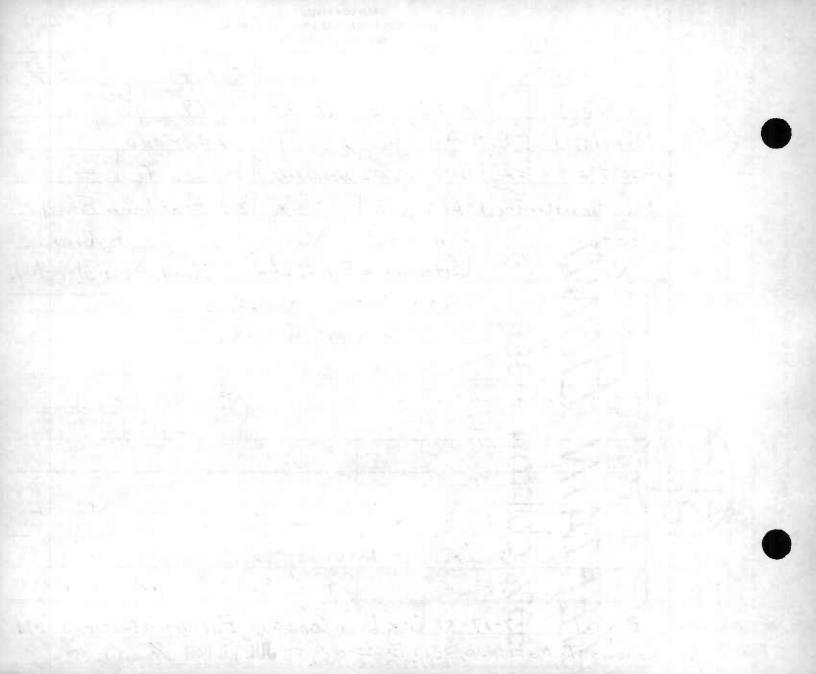
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	1 FOR		D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	HYGIENE & REG.	1 8 NO.	1	1 9	
31 /6	DECEASED NAME	IRMA	MARIE	BLEV	INS	JULY 8, 1	1981	YEAR 26	HOUR	
ector, po	FEMALE		RACE WHITE	DEC DATE	of BIRTH TH 13, DAY 1919 FAR	6. AGE (IN YEARS LAST)	BIRTHDAY) IF UNDER MONTHS YRS.		UNDER 24 HRS	
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signed by the attending physical person of the please remove corbonpop to buriol, cremation, or removo ijury, or other troumatic event,	Conditions, if gove rise to couse (o), sunderlying co	ony, which immediate total the lost.	DUE TO, OR AS A CO	NSEQUENCE OF	T NOT RELATED TO THE I	LERMINAL DISEASE OR CO	ONDITION GIVEN IN	PART To:	den Year	
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TO FUNERAL D should be detac with the State D MPORTANT: If I	77d. PHYSICIAN: EDWARI	SNAME (TYPE OR P	RINT), M.D.	9 Jun	22 ADDRESS	N DIRECTOR PHY	TAFF SICIAN [7/	9/8	
shoul	230. BURIAL, CREMATION BURIAL	ON, REMOVAL	23b. DATE		HAVRE DE CEMETERY OR CREMATO	DRY 23d LOCATION	HARFOR	ŠĎ	MD.	
H- 16 50M 7/77 /R A 15 (4))	24 FUNERAL DIRECTO		AD	PRESS NGDON, MI	25a.	DATE REC'D. BY REGISTR. JUL 1 0 1981				

BADE LIAMONDE LANGUERE The support Man I the Mast County I Make I

4	FOR STATE REGISTRA	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	NE 8 1 1 8 7 2 0
4 may be or, page 3 after death	1. DECEASED NA (TYPE OR PRINT)	AMELIA JULIA BLOOM A RACE S. DATE OF BIRTH MONTH DAY YEAR 6	O DATE OF DEATH MONTH DAY YEAR 26 HOUR STANDARD AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN
ofter death. Page	70. BIRTHPLACE COUNTRY) 10. CITY OR TOW	MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12	YRS. BALTIMORE CITY OR COUNTY OF DEATH HARFORD MD. 10 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ryLAND 21201 ithin 24 hours oft tely filled in by 1 2 should be filled inner must be potit	USUAL RESIDENT 130 STATE	E (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13b COUNTY And Harford Abingdon 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME	Housewife - sireet Adoress 59 Boxthorn Road
be executed with on and complete. S. Pages I and e medical exam	16g WAS DECEA (YES, NO OR UNIX	EDEVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 NFORMANT AND	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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VITAL RECORT	RTIFIC	FOPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED TWAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED	206 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, UDING PHYSICIAN: The low requir or attending physician. E. After this certificate has been sig use as the burial-transit permit. Then ealth and Mental Hygiene prior to b s marked or them 18 shows any injury	OR CONTRIB (IF EITHER, N 21d. INJUR WHILE AT WORK	TING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 OCCURRED NOT WHILE AT WORK CAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK CAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) (1bpt (1) When how with cattended the deceased from	CITY OR TOWN COUNTY STATE
OR ATTEN OR ATTEN DIRECTOR Oxched for us Dept. of He	saw ti abave 22b. SIGNA	e deceosed alive on	mEDICAL STAFF DIRECTOR PHYSICIAN 1200
TO HOSPITAL retained by the TO FUNERAL should be detined with the State IMPORTANT:	DAN	IAN'S NAME (TYPE OR PRINT) D. R. PADRINGO 57 E. Britanion, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY	cadway; Rel Air 21014
DHMH - 16 50M 1/76	SPECIES BUT	121 7-17-81 Oax Lawn Cemetery	By to more By timore Md. EC'D. BY REGISTRAR 23B. REGISTRAR'S SIGNATURE



1	4	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	8 / 2		
- 1		1 DECEASED NAME FIRS	WIDDLE	LASI		AY YEAR 26 HOUR		
	oy be a death	(TYPE OR PRINT) Charle	BRAUNS		7-15-	-81 3:30 AM		
	mo)	3 SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS		
	ge 4	MALE	CAUCASION	12-14-1882 ^{AR}	98 YRS	UNITS DATS HOURS MIN.		
	deoth. Page	70 BIRTHPLACE (STATE OR FOREIGN Germany	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	and the same of the same	OF DEATH MD.		
101	by the filed	10. CITY OR TOWN OF DEATH) HAVRE DE GRACE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET CITIZENS NURS		120 USUAL OCCUPATION [1YPE OF WORK FOR MOST OF WORKING LIFE Ret . machinist	WORKING LIFE) INDUSTRY		
MARYLAND 212	ed within 24 hour mpterely filled in ond 2 should be 1	13a STATE 13b C	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR OUNTY 13c CITY OR TOW Aberdee MIDDLE LAST	/N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 630 Robbie Cou			
IMORE,	n and co Poges 1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OF DATES)	-6273 Mrs. Kathe	ADDRESS erine Burke			
IST., BALT	certificate k ng physicio bonpapers removal.	PART I. DEATH WAS CA	er only one couse per line for () (b), or NUSED BY: DIATE CAUSE (a)	monary Ed	lener	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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AL RECORDS	been si mit. The prior to	190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED (ING CAUSES OF DEATH?		
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DIVISIO	NG PH offer this os the b th ond /	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE		
	priol TOR: for us of He	sow the deceased oliv above, (1) (w//d)d) (d	ospital) attended the deceased from e e on 19 d nat) view the body after death.	, and that in (my) (our) opinion		9, that (I) (we) lost and from the causes stated		
	T 000 F	22b. SIGNATUR	alugno		MEDICAL STAFF	7/15/8/		
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e,	BP	230 BURIAL, CREMATION, REMO (SPECIFY) Removal	7 - 15 - 81 23c	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE		
Ch_	DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Anatomy Boar	rd of Marylandss	Baltimore 250	TE REC'D. BY REGISTRAN TO REGISTR	S SIGNATURE		

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FOR - STATE

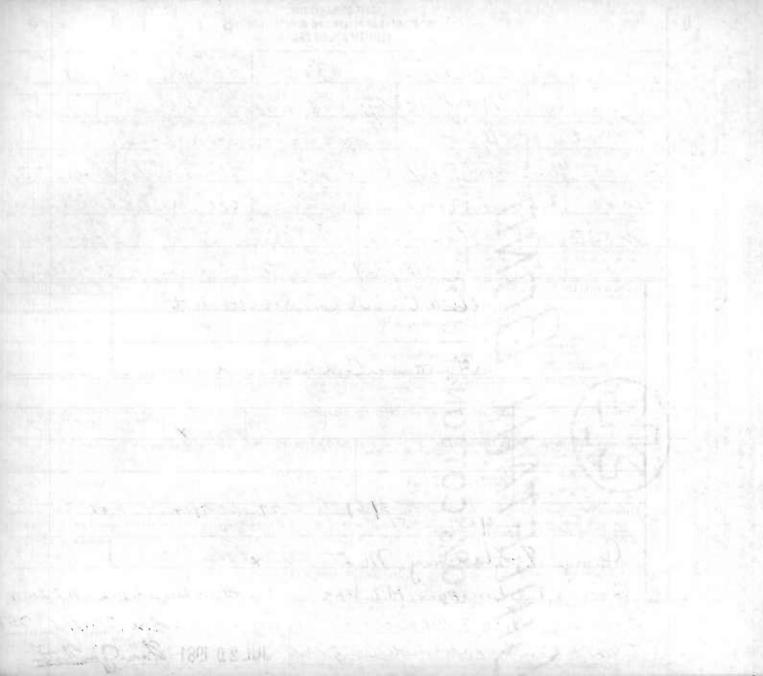
(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



Com Works Programmed Annual Contract Laterated a factor of the fact Remark From the Secretary of the Control FOR

24 FUNERAL DIRECTOR

DHMH- 16 30M 2/80 (VRA 15, 4) - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

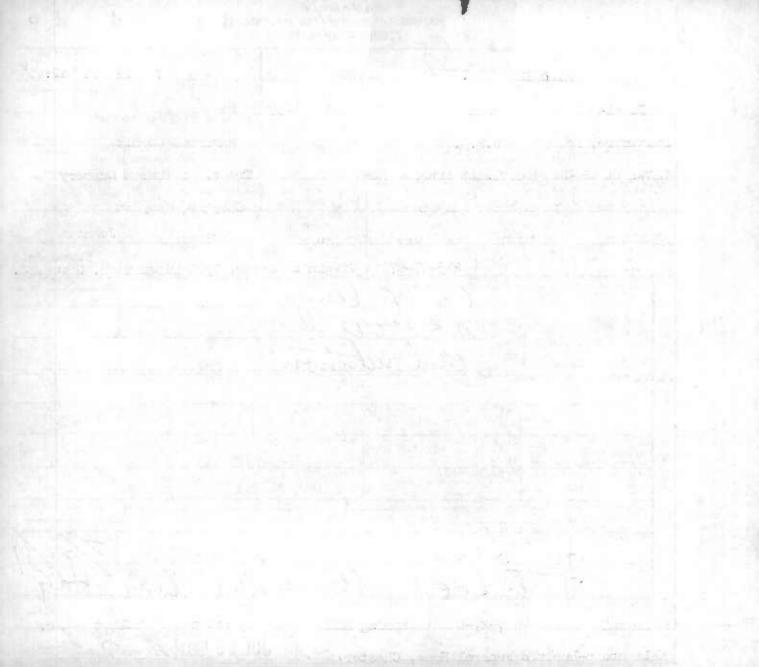
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. 0	1 -	STATE REGISTRAR				CERTI	FICATE OF I	DEATH		REG. N	10.				
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, ar		PART 2 OTHER SI	GNIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH BU	T NOT RELATE	D TO THE TERM	MINAL DISEASE	ORCON	ADITION C	SIVEN IN	PART 10	51	
n in	Z														
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9	₩								YES	NO		YES T	CAUSES	OF DEATH	17
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8 9		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR	A.M. MONTH										
or Hem 18 sh	MEDICAL	(IF EITHER NOTIFY M		_	P.M. E OF INJURY	19	211. LOCATI	ION			-				
o pa	ME		WHILE	(AT HOME,	STREET, FACTORY, OF	FICE, FARM, ETC)	STREE	ET		CITY OR TO	OWN	C	OUNTY	51	TATE
orke	1	AT WORK AT	WORK						ne di	17/11					
E		22a.1 certify that						19	, to			_, 19		thot (1) (w	
21		saw the dece above, (1) (we	ased alive or	at) view the ba		19, c	ind that in (my	y) (our) opinion	death occurre	d on the c	date and h			couses sto	ted
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IMPORTANT		_	VI	/.	100		UM	nou	Mod	/	VAA	wi	k	td6	7.
M M	22.	BURIAL, CREMATIO	NI DEMOVAL	L 23b. DATE	E	23c. NAME OF	CEMETERY OF	CREMATORY	23d. LOC A	TION	140	-	- 10		
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/80	24. 1	UNERAL DIRECTOR			ADDR	ESS		230. DA	1111 9 0	1001	12	ALL NAMES	T	21-	
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Helfenbein-Hubbard Funeral Home, Chester.

FOR STATE

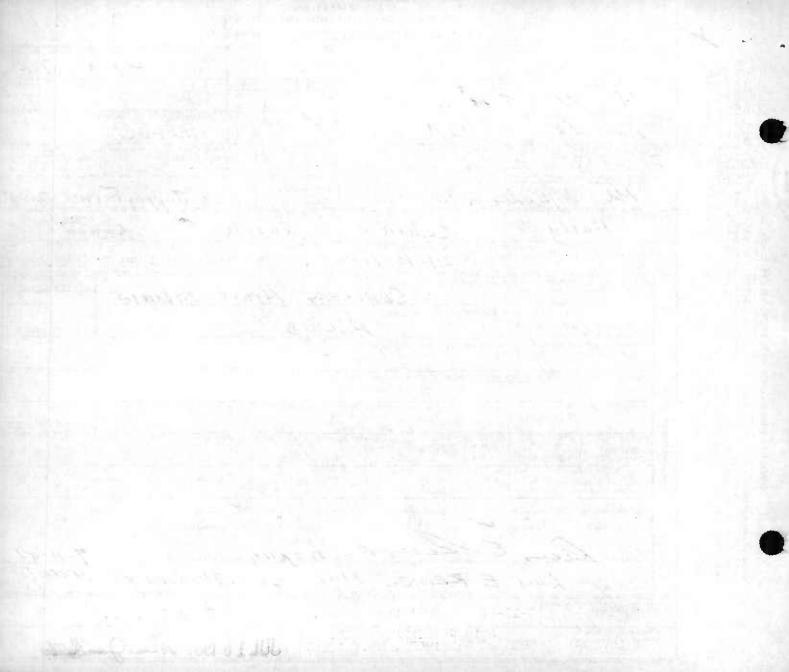
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



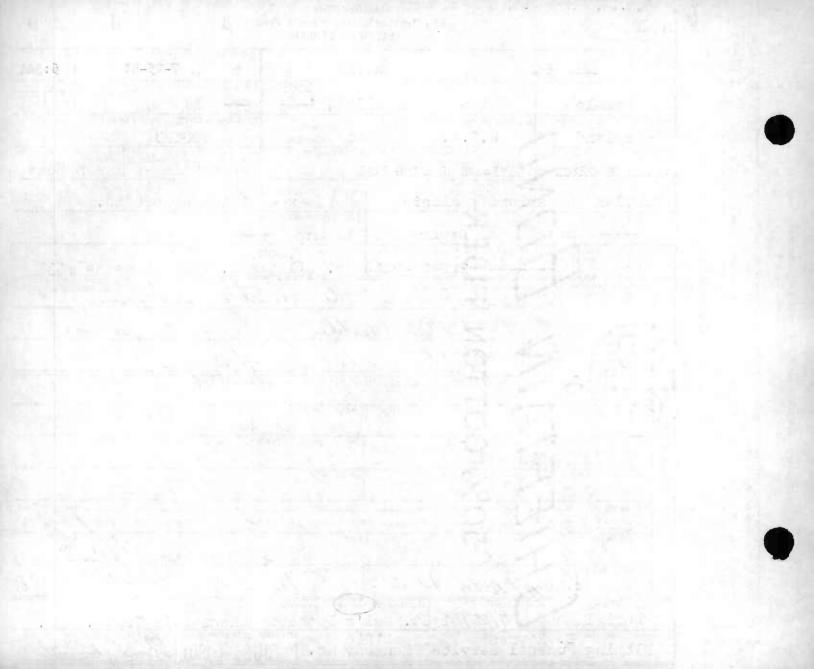
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-HENRU 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS LLSTON USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS JOPPATOWN YES X 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE GOLDMAN XXXXXXXXX 17 INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO. OR UNKNOWN) 217-16-1829 MRS. EVELYN COHEN 623 JOPPA FARM RD. (21085 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR REMOVA DUE TO, OR AS A CONSEQUENCE OF 45000 Canditions, A any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A HEALTH CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? WRITHING THE CHARACTER STANDED BE UT YES T NOXX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD

TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE I
BALTIMORE, MARYLAND, 21201 22s. I certify that I took charge of the remains described above, held on Autopsy death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) Yalleauce IT Hale EXAMINER'S NAME (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 230. DATE 7-12-81 236 NAME OF CEMETERY OR CREMATORY OHEB SHALOM CEM. 23d. LOCATION REISTERSTOWN, MD. STATE 6010 REISTERSTOWN RD. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256_REGISTRAR'S SIGNATURE **DHMH-17** SUL LEVINSON & **BROS** BALTIMORE, MD. (21215) (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND



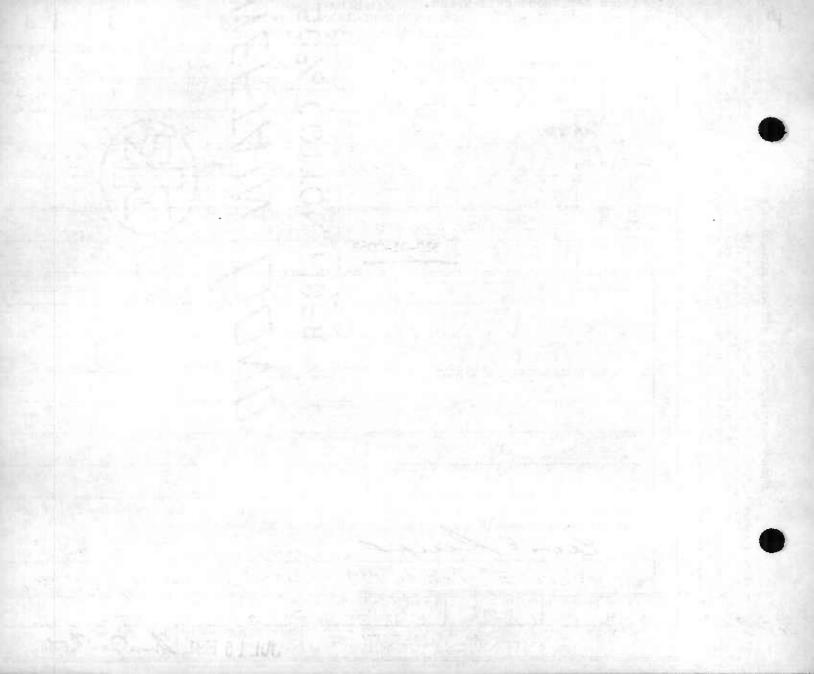
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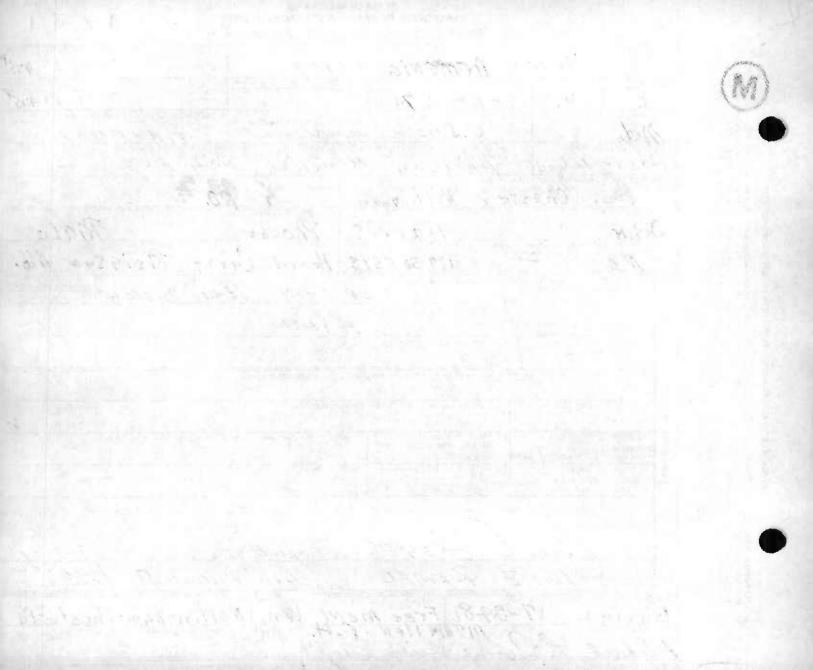
1.	(Priscilla Scot	(COTNWELL)	STATE OF MARYLAND		
	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	18/29
9 pe	(TYPE OR PRINT)	Scott 3 MIDDLE	LAST	7-6-81	DAY YEAR 26. HOUR 8:50
ge 4 may ctor, pag s after on	3. SEX FEMALE	A A CORNWELL A RACE White	S DATE OF BIRTH MONTH DAY YEAR SEPT. 27, 1897	6. AGE JIN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
deach. Pa	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	1 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COU HARFORD	
by the fured within	10 CITY OR TOWN OF DEATH HAVRE DE GRACE	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	IZA. KIND OF BUSINESS OF INDUSTRY
filled in uld be fill	13a STATE 13b	ome or other institution, give residence before COUNTY 134. CITY OR TOV	RE ADMISSION) VN \$134 INSIDE CITY LIMITS?	130 STREET ADDRESS 2806 Emmont	on Road
conted within completely fill and 2 should reduced examined to the control of the	JOSEPH	MDDLE HANKIN		MIDDLE	Boothe
n and co	160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? 166 SOCIAL SEC ES, GIVE WAR OR DATES) 234-34-	6037 Mr. GEORGE W.	COUNTY STATES	Emmorton Road
The law requires that the lass been signed by the mit. Then please remo e prior to burial, cremows any injury, or oth	PART 2 OTHER IGNIFIC	ANTICONDITIONS CONTRIBUTING TO	DEATH BUT STRELATED TO THE TERM	20a AUTOPSY? 20b. IF	GIVEN IN PART 1(a) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
HYSICIAN: The physician. is certificate ha ial-transit permental Hygiene on I Item 18 sho	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING OR CON	OF DEATH HOUR A.M. MONTH D		YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO 1
DING PHY ttending pl After this After this s the burial th and Mer marked or	CIF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTEN bital or a ECTOR: for use a of Heal		haspital) attended the deceased fram, ve an	, and that in (my) (aur) apinion	, ta, death accurred an the date and	, 19, that (1) (we) I haur and fram the causes stated
AL OR he hosport to the hosport to t	2216. SIGNATURE	lug a		STAFF DIRECTOR PHYSICIAN	7/6/8/
TO HOSPIT. To HOSPIT. TO FUNERA should be det with the Stat IMPORTAN	22d PHYSICIAN'S NAME LETICIA	S, GALVEZ, &	u. D. 625 S.	UNION AVE	Havre de Gr
BP	230. BURIAL, CREMATION, REM	July 8, 1981 17	NAME OF CEMETERY OR CREMATORY	BEL Air Harford	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR JOSEPH William TOUR TO THE PROPERTY OF T	Foster W. Brondwa	y a williams sty 25000	TE REC'D. BY REGISTRAB TO RE	SPECIAL PROPERTY.

2806 Minmerton Vieta Maryland Harbard District autialist H ANTHORS. LEVI-SU-CEST WE CENTER AT CONTINUE Politic Jacquest polypoids olly pellmens LETICIA S GLEVEZ RIO. ERS SUNIAD ALE Munede Great Means and and purity to the same of the same of

· M	1	Items 100 per phone call w/Fun. STATE OF MARYLAND	-73.4
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		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	
5 of 15 12 1	tri .	1. DECEASED NAME FIRST MIDDLE LAST W ford SR. 20. DATE KNOWN MONTH DAY YEAR OF ESTI- OF ESTI- DEATH MATED 7 1319 &1	26 HOUR
PECTO PRESTO PHOU		3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED TO 13 19 2 (2d. HOUR
_ 1300	EL.	To BIRTHPLACE (STATEOR 1/2 CITIZEN OF WHAT COLINTOY 2 IS V - 9 BALTIMORE CITY OF COLINTY OF DEATH	1 1 - M
E STATE	502	INDIANA	MD.
	882	10. CITY OR TOWN OF DEATH Falls or 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FALLS FOR MOST OF WORKING LIFE OR INDUSTR AUTO FECHANIC	SINESS
F ANY C AND 3 RETAIN HOULD	935	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BETORE ADMISSION) 130. STATEVID 131. COUNTY 132. CITY OR TOWN 133. INSIDE (ITY LIMITS? 133. STREET ADDRESS VES NO X 2237 THOMAS RUN RD.	
MD	1/2	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST	
DRE. MD DEATH. GES 1. 2 M PM 3 AND 2	2000	CHARLES ISAC CRAWFORD ROSETTA KING	
BALTIMOR S AFTER DE GIVE PAGE TITH FORM PAGES I A	DIVISION CHARTAI	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) WW II 100. SCOOL OF UNKNOWN) 177. INFORMANT 2237 ADT PESMAS RUN RD 177. INFORMANT 2237 ADT PESMAS RUN RD 178. INFORMANT 2237 ADT PESMAS RUN RD 179. INFORMANT 2237 ADT PESMAS RUN RD 210. 14	
M GEN	DIVI	IR CAUSE OF DEATH (Enter only one course parting for (a) (b) and (a))	INTERVAL
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PRESTON ST THIN 24 HO CIL IN ITEM JER ALONG ANSIT PERM	OVA	4149 IMMEDIATE CAUSE (o) DE TO, OR AS A CONSEQUENCE OF	
THIS SER ANSI	REM	Conditions if any, which gave rise to immediate (b) ASCUD.	
I W. ED WII PENC AMIIN	AENT,	cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	F , , , ;
RDS, 2011 EXECUTED ING" IN PE ICAL EXAM	P S	(c)	
CORDI CORDI BE EXE VDING SA BU	EMA.	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a.)	
REC JID B PEN PEN D AS	L'EA	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM ADDITIONAL PART OF PART 2)	
HAN SECULE	P 8	YES 🗆	NO 🗆
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W RITING THE WORD "PENDING" IN PEN ROED TO THE CHEE MEDICAL EXAMINE ES SHOULD BE USED AS A BURIAL. TR	Sold Services		
STIFIC TO TO T	RIOR	UNDERLYING OR OOTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ATE, WRITING THE WORD "PENDING" IN PENCIL IN TITAM IF FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING OR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT	ATE DE	WHILE NOT WHILE O STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
ATE.	ND.	220 I certify that I taak charge of the remains described above, held on Autopsy . Inspection . Inquiry . Inquiry . and in my opinion	
EXAMINER: CERTIFICATE JUD BE FOR	E¥	death resulted from: Notural causes (X), Accident L, Suicide L, Hamicide L Undetermined monner L,	
AL EX.	E, WAF	ACTUAL SIGNATURE DATE 7-/3- SIGNATURE M.D. DEKATY MEDICAL EXAMINER SIGNED 7-/3-	- 41
DIVI TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3.	LTIMOR	EXAMINER'S NAME LUIJ E. RENJEL 140 ADDRESS 464 GILLANCE ST GRACE ME	12/033
52.55	BA	236 BURIAL, CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 23d, LOCATION	ATE
41_ BP	916	BURIAL 1/-16-81 IBEL AIR MEMORIAL GARDENS BEL AIR HARFORD ME)
DHMH-		HOLIARD IV MCCOMO III BOXESS S/ LOKESBURY KD. 15 1001	
(VR A15 ME	((5))	HOWARD K. McComas III Aringpon Mp. 21009 JUL 1 5 1981	



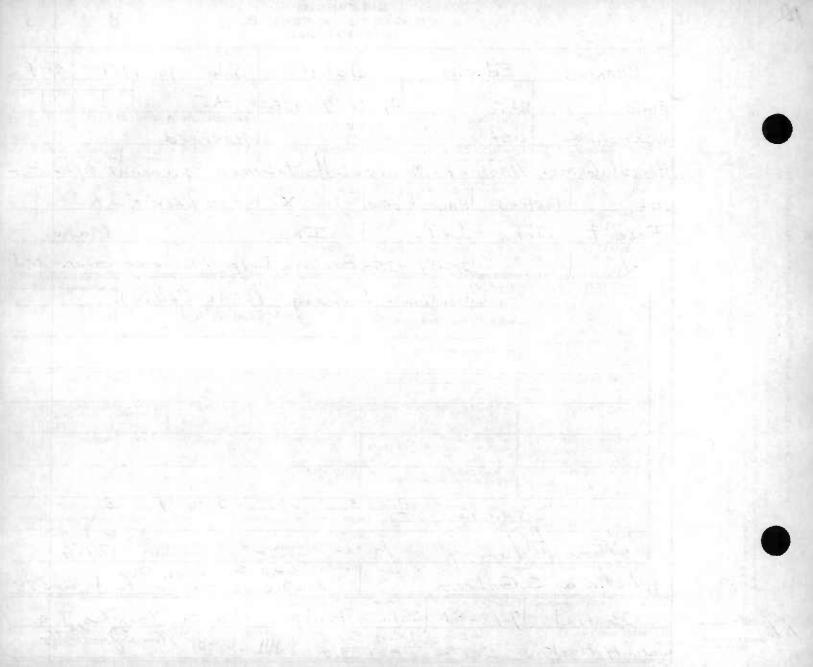
4		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2	7 3 1
		STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	, 0 1
78 SE		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	25 19 8 4:15 M
(M)	3. SEX		DAY YEAR 28 HOUR 2 1 19 8 1 4:15 M
NEGES. S. FOR Y. WITHIN PRESTOR	7a. BI	RITHPLACE (STATE OR)76. CITIZEN OF WHAT COUNTRY? REGIN COLOTRY) MARRIED NEVER MARRIED WIDOWED DIVORCED HARE C	
/ /SHEEREN	10. C1		KIND OF BUSINESS OR INDUSTRY
AD. 21201 2. AND 3 TO 3. AND 3 TO 2. SHOULD BE FALL RECORDS.	USUA 13a. S	AL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 13. CITY OF TONN 13. CITY OF TONN 13. INSIDE (ITY LIMITS? 13. STREET ADDRESS YES NO P. R. D. T. D. D. T. D. D. D. T. D.	
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND ITH FORM PM 3. RETA PAGES 1 AND 2 SHOUL WISION OF WAR RECO	14: FA	ATHER'S NAME ADDLE HODE ADDLE ADD	Riale
URS AFTER DEATH. III B. GIVE PAGES 1, 2, WITH FORM PM 3. II. PAGES I AND 2 S. DIVISION OF WITH	16a. V	NAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 187. NO. ORUNKNOWN) (IF YES, GIVE WAR OR DATES) 177. 30 5578 Herrd Carry Risings	4N Mb.
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS EXECUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS PAGE 4 SHOULD BE EXECUTE THE WORD." PENDING" IN PENCIL IN TEM 18. G PAGE 4 SHOULD BE ESEASA BURRAL. TRANSIT PERMIT. PAFER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE. DIN BALTIMORE, MARYLAND, 21201 PRIOR TO BURRAL, CREMATION, OR REMOVAL.		Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause lost. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) CORUMARY CORUMARY CORUMARY DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ECORDS, BE EXEC SINDING, REDICAL AS A BUI ALTH AN CREMATI	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101	
SHOULD ORD "PEI OR USED A SE USED A STORE OR U	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO F
CERTIFICATE TING THE WASTER TO THE TO		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	2)
DIVISI THIS CERT WARDED PAGE 3 SI TATE DEP	MEDICAL	21d INJURY OCCURRED WHILE AT WORK 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUN	TTY STATE
ICAL EXAMINER: THE CERTIFICATE, SHOULD BE FORW FEAL DIRECTOR: PASTH, WITH THE ST DRE, MARYLAND, 2		27a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNED	7-25- VI
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER SALTIMORE,	730 0	EXAMINER'S NAME LULY E KENIFC ADDRESS 464 QUICQUEO ST DIVINIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OF CREMATORY 236, LOCATION	thee
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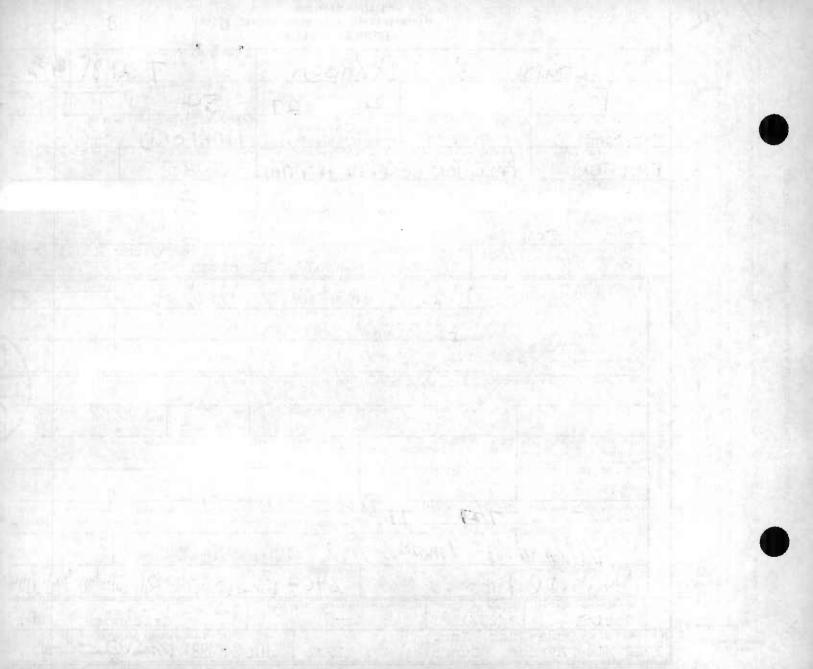


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(M)	3. SEX	F	4. RACE	S. DATE O	OF BIRTH	35	6. AGE IN YE LAST BIRTHD.	ARS IF UND		IF UNDE	R 24 HRS.	2c. DATE PRONOUI DE AL		MON 7			2d HOUR
FOR MINIMUM MERAL		RTHPLACE (5T REIGN COUNTRY)	PA PA	76. CITIZE	NOF WHA	COUN	TRY?	8. MARRIED WIDOWEI		VER MARI		11114	AORE CITY ford	OR CO	UNTY OF	DEATH	MD
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS ME B. GIVE PAGES 1, 2, AND 3 TO THE FULL WITH FORM PM 3. RETAIN PAGE 5. T. PAGES 1 AND 2 SHOULD BE FILED. DIVISION OF VITAL RECORDS. 20 IV	Н	avre De	Grace	(IF NOT 823		ry, GIVE ST ashi	ngton	St.	INSTITU	TION	120 USU FOR	MOST OF WO	RANDUNE)		IRK 12b. 1	ON I	USINESS
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FAL RECORDS,	CERTIFICATION	PART 2 OTHER SIGNATE OF	OPERATION		6 TO DEATH BUT	pl					ART 1:0				20	AUTOPSY	
ISSON OF VI	MEDICAL CERT	UNDERLYING	NG CAUSE OF	DEATH 210	P.M.	MONTH	19 I AT HOME,	211. LOCA	ATION	OCCURR	ED (ENTER		JURY IN ITEM	18 PART I C		YES [NO [
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBAL, ITRANSIT FRAMIL PAGENDER. WITH HALL HAND MENTAL HYGIENE, DIVISIS BATER DEALTH AND MENTAL HYGIENE, DIVISIS BATER DEALTH AND MENTAL HYGIENE, DIVISIS BATER DEALTH AND MENTAL HYGIENE, DIVISIS BATTIMORE, MARYLAND, 21201 PRIOR TO BURBAL, CREMATION, OR REMOVAL.	M	death resulte	y that I took charg	ne of the re	×. A	bed obo	ve, held on Su	Autopsy icide	Hamic TITLE (S	PECIFY)	Undet	Inquiry ermined m	anner []. DA SK	y opinion	-24-8	STATE
TO M P P P P P P P P P P P P P P P P P P	1:		PIAL	36. DATE	27. 8.		AME OF CE		CREMATO	Prem.	23d. 10 criv	OCATION OR TOWN REGISTR	Havre	de	COMPC LIO R'S SIGN	8	Grafe.Co.
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e ω τ		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
.a <u>* 9</u>		CHARLES	Edwin	Delp	July 14.	1981 235 PM
moy ard	3.56		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
cho cho	m	Ale	1.6.T.	April 9 1936	45	MONTHS DAYS HOURS MIN.
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	1	COUNTRY)	1.	MARRIED M NEVER MARRIED	1/ = 1	The second secon
de oth.		ITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED [HARTORD	MD.
· · · · · · · · · · · · · · · · · · ·	11	ITT OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE		17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR IG LIFE) INDUSTRY
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24 h	m		FORD HAURCE	1 /		RON Rd
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hysici paper iovol.		18 CAUSE OF DEATH (Enter of	only one couse per ine for (o), (b),	ond (c).)	(D) 0 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e co		1610	DUE TO, OR AS A CONSEO	UENCE OF	277527757.09	
a de mov		Canditions, if ony, which gave rise to immediate	(b)			
the the		cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEC	UENCE OF		
that d by eose ol, cr		onderlying coose loss.	(c)			
signe hen pl to bur	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
y ir	CERTIFICATION	19a DATE OF OPERATION	18h CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
nos be	5	THE DATE OF OFERATION	THE CONDITION FOR WITH	TO EKANON WAS TENIORMED	IN CEI	RTIFYING CAUSES OF DEATH?
	- E				YES NO	YES NO
Z & S CI B		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110110 1 11 11011711	DAY YEAR 216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2]
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	ĕ	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
ING PH r offer this os the lith and orked o	₹	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E. FARM, ETC } STREET	CITY OR TOWN	COUNTY
DING PHYSICIA or attending pl After this certif e as the burial: Jith and Mental norked or Item			is the second se	APRIL 5 1981	10 July 14	19.8/ that (I) (we) last
ATTENDIN ospital or iCTOR: Aff of or use or of Health		deceased alive a	oital) attended the deceased fram	81 , and that in (my) (aur) apinio		, , , , , , , , , , , , , , , , , , , ,
R ATTEN hospitol RECTOR red for u		and the land (aid)	ot) view the bady after death.		on death occurred on the date and	
The phase of the p		22L SIGNATURE	11	DEGREE	- 21.	22c. DATE SIGNED
The state of the s		Selecia A	yalux	M. D. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	7/15/8/
PITA by Store de ANT		22d. PHYSICIAN'S NAME TYPE	OR PRINTI	22e ADDRESS ()	2/5 112 0	
HOSPIT ined by FUNER wild be on high the Str		Leticia :	S. Galvez	11	a July on C	rve. 1 71 - 70
TO HOSPITA TO FUNER, should be d with the Sto	-			Havre	e de Grace.	Md. 21078
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(VRA 15, 4)	1	Shat Hark	· ADDRESS	DA 17314	1 2 0 1981	0





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	moy pod	3. SEX		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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4	Page direct hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	RY? 8	DE NEVER MARRIED		COUNTY OF DEATH	
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	D 23 200	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU UENOT IN SUCH FACILITY, GIVES	TREET ADDRESS)	Homital	12g. USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	F BUSINESS OR
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TAND	C . C		THER'S NAME			IS MOTHER'S MAIDEN NA	ME	11, 22, 2	
ARY	mpletely and 2.sl		FIRST	nklin Dun	nan	Sarah	Ann	Barre	
¥.		16a. V	VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRE		
BALTIMORE	- 00	()	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)		Ruth A. Du	ıncan s	ame as abo	
ALTI	D 0 5 0			nly ane cause per line far (a),	1, and (c).1		1 P	BETWEEN	MATE INTERVAL ONSET AND DEATH
	certificate by physicia physicia phon papers r removal.		PART I. DE ATH WAS CAUSE	ED BY: ATE CAUSE (a) Mefe	rstahi	- darynee	al Carel	noma	
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STO	death ce attendin nave carb ation, ar		Canditians, if any, which	(b)	,	es pronto	y o Can't	ais Borel	
94			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	/	/		
*	that the d by the lease ret iol, crem or other	100	underlying cause last.	(c)					
5, 30	ires gne en pl buri	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	(a)
RECORDS	requestra single or to a right	CERTIFICATION	THE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	DNI WAS DERECRASED	20a AUTOPSY?	206. IF YES, WERE FINDI	NGS USED
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TAL	N: The hysician. icate ha ransit per Hygiene Hygiene	1 2	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUP	YES NOX		1.0
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VISK		M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOV	VN COONIT	STATE
۵	or offer the se as the sealth and marked			pital) attended the deceased f	ram 7	-10- 1981	/	- /8 = , 19 8 / .	that (I). (we) lost
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	has has iREC iREC ept.		22b. SIGNATURE	01/17) 11	DE GREE	WEDICAL STA		SIGNED
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	7 5 5 4 3 3	23a	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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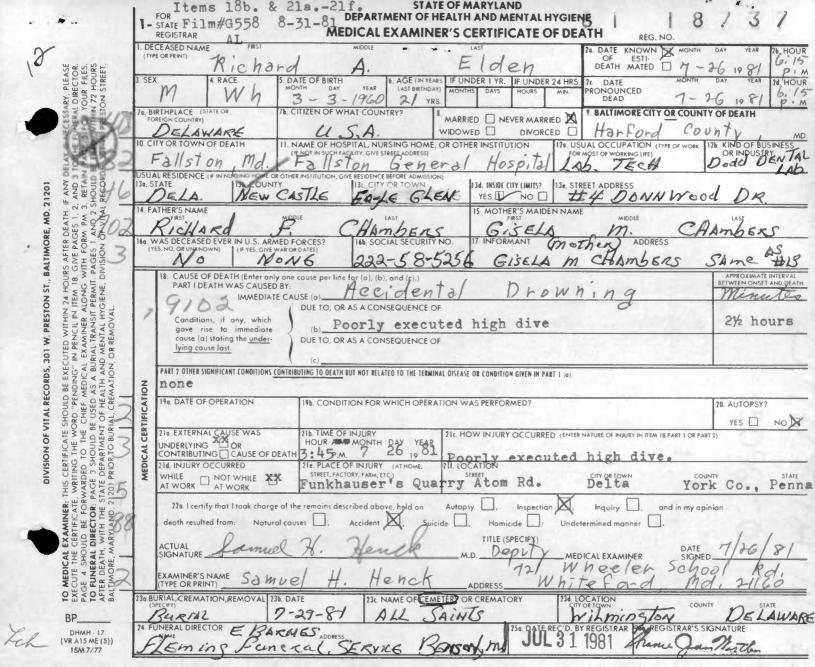
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e 4		ECEASED NAME	ROY	14-54	Stew	mit =	DWARDS	2a DAT	E OF DEATH		AY YEAR	26 HOUR
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172	7a. E	COUNTRY) WE HOSE THE	OREIGN T	b. CITIZEN OF		MARRI WIDOW	ED NEVER MARRIED ED DIVORCED	7	HARF		OF DEATH	
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Jeso I ond 2 s		Joseph	Wi	Miam	Edw		15. MOTHER'S MAIDEN		WIDDLE		Sme	
s. Poges e medico		WAS DECEASED EVER (YES, NO OR UNKNOWN)		WAR OR DATES)		SECURITY NO.	17. INFORMANT WITE		I ch	9 South		md 210
s been signed by the seminary. Then please in partial transfer to buriol, are sany injury, or other	CERTIFICATION	PART 2. OTHER SIGN	last.	(c)ONDITIONS <u>C</u>	ONTRIBUTING	S TO DEATH BU	NOT RELATED TO THE	TERMINAL DIS		20b. IF YES	WERE FINDI	NGS USED
ental Hygiene Item 18 show	MEDICAL CERTIF	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEAT	P.	M. MONTH	1 DAY YEAR	21c. HOW INJURY OC	YES [ART 1 OR PART 2)	ИО [
e os the bu	WED	21d INJURY OCCURI	ILE	(AT HOME ST		FFICE FARM, ETC.)	211 LOCATION STREET	421	CITY OR TO	nwo	COUNTY	STATE
oched for us Dept. of He If Item 21 is		saw the decease obove, (I) (we) (c) 22b. SIGNATURE	d alive on_	view the bady	4 13			IG MEDIC		FF	and from the	that (I) (we) lose causes stated E SIGNED
der de												
should be det with the State		220 PHYSICIAN'S N. A. J. BURIAL, CREMATION,	W 34"		1	1.1).	22e ADDRESS ALLS 10-2 CEMETERY OR CREMATO		OCATION	40501	MC.	

(VRA 15, 4)

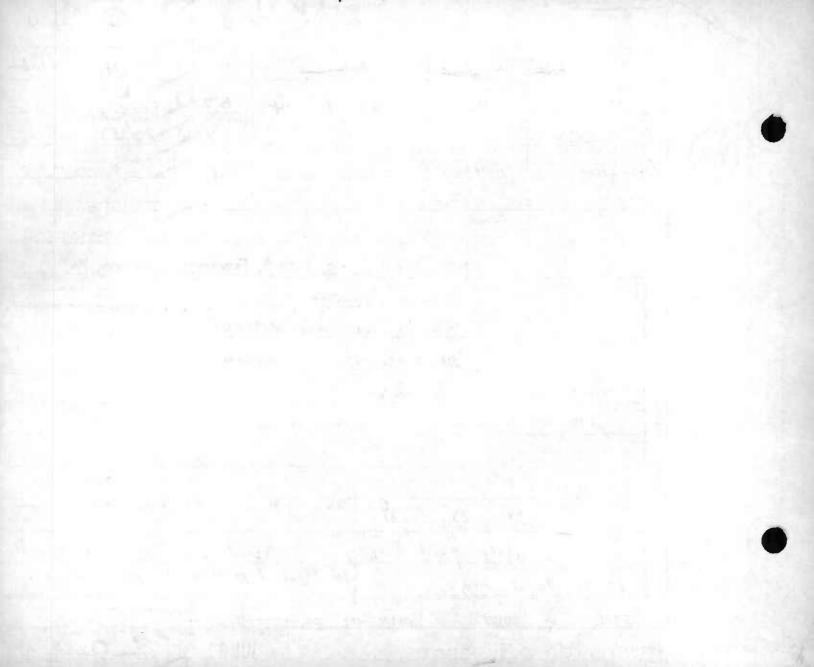
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

MANAGER SHAKES CARAGE HER THE CHANGEST SERVICES A Committee of the second of t harden and the patricial and participated (9th paper) OLE IN THE THE TANK THE TOTAL OF THE PARTY O



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10	1-	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG NO.	18/	3 8
ay be coge 3 death		CEASED NAME FIRST	IRGIL A	ERVIN	1	ERGUSON	20 DATE OF DEATH MON	TH DAY YEAR	11. 40 Am
e 4 may ctor, poç s ofter d	3 SEX	M	4 RACE	5	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
oth. Pog	7a BI	RTHPLACE STATE OR FOREIGN ST VIRGINIA		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	440
- Per 2		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO STEAM ENGR.	12b KIND C	OF BUSINESS OR
MARYLAND 21201 ed within 24 hours mpletely filled in and 2 shauld be exominer must be		AL RESIDENCE (IF NURSING HOME C TATE 13b COU		N. GIVE RESIDENCE BEFOR	AGMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		VIIIEI
RYLAI vithin vithin vithin		THER'S NAME	MIDDLE	IEDGEWOOD	<u> </u>	15 MOTHER'S MAIDEN NA		ER URIVE	
	14	ABEL JOH	HN	FERGUSON	21777710	MAUDE 17 INFORMANT	EVELYN	PHILLIP	
BALTIMORE, cate be execut on the best of compers. Pages 1 wal. with the medical of the back of the medical of the back of the medical of the back of t		VAS DECEASED EVER IN U.S. A es, no or unknown] { (if yes, g)	VE WAR OR DATES)			MRS. IRIS A.	FERGUSON, ED	GEWOOD, MD	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA NG PHYSKCIAN. The law requires that the death certificate steen this certificate has been signed by the attending physic st the burial-transit permit. Then please remove carban pape th and Mental Hygene prior to burial, cremation, ar removal arked ar frem 18 shows ony injury, or other traumatic event, the		18 CAUSE OF DEATH Enter of PARTI. DEATH WAS CAUS Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, (b)_	DR AS A CONSEQUI	ENCE OF		PORES -	BETWEEN	IMATE INTERVAL ONSET AND DEATH
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SICIAN. The mg physician certificate harmal-tronsit pentral Hygien fem 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2}	
DIVISION ING PHYS r offendin After this c os the but the and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21s. PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTENDIN pitol ar TOR: Af far use o of Health		22a.1 certify that (1) (this hasp sow the deceased alive a abave, (1) (we) (did) (1)	oital) attended t	he deceased fram_	81.0	26 , 19 8/ and that in (my) (ovf.) opinian	ta 07 29 death occurred an the dote a		that (I) (we lost causes stated
SpiTAL OR A d by the hos NERAL DIREC		22b. SIGNATURE	Palin	Pale	4.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	July 87
POR FU		22d. PHXSICIAN'S NAME (TYPE	ORPRINT)	,)		300. Edgewerd	bl. adjund	red no	uv
or o	23a. B	URIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
BP		BURIAL JNERAL DIRECTOR	AUGUST	1,1981 Ho	TAH	ILL MEM. GARDEN	BALTIMORE	REGISTRAR'S SIGNAT	Mb.
DHMH - 16 60M 1/75 (VR A 15 (4))		WARD K. MCCOMA	s III	ARTINGDON .	Mo		IIII 3 1 1981	France Ou	Moth



	١.	FOR		DEPARTA		OF MARYLAN		IENE 8		8 7	3 9
	1-	STATE REGISTRAR				CATE OF DE		REG. N	0		
		CEASED NAME OR PRINT)	FRANCES "	KATHE		FSHE	R	2a DATE OF DEATH	MONTH D	18 81	26 HOUR AM
	3. SE		ERACE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		F BIRTH		6. AGE (IN YEARS LAST BH		FUNDER I YEAR	IF UNDER 24 HRS
	FE	EMALE	BLACK		MONTH	20	O8	72	YRS.	UNIHS DATS	HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN :OUNTRY) RYLAND	76. CITIZEN OF W	THAT COUNTRY?	8. MARRIED WIDOWE	NEVERMA	ARRIED	HARFO!	COUNTY	OF DEATH	MD.
82	-	TY OR TOWN OF DEATH	FALLS	OSPITAL, NURSIN FACILITY, GIVE STREET FON GE		PL HOS	PITAL	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE			F BUSINESS OR
35	130 S MA	RYLAND HARFO	VTY	SIVE RESIDENCE BEFORE BEL AIR		746	10 🗌	138 ALICE	ANNE S	TREET	
20	14. FA		ATHAN I AL	PEAKE	ER .	SARA	MAIDEN NAM RST H	FRANCES		ITE LAS	t
1			MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU 17-50-13	7.0	MRS KA		IE A.WATERS		AIR, ME),
	NOI	Conditions, if ony, which gove rise to immediate cause [0], stating the underlying cause lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE WITH SUTING TO D	NCE OF	NOT RELATED TO	O THE TERM	INAL DISEASE OR CON	DITION GIVE		- 2 <i>VE</i>
9	RTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY?		WERE FINDING CAUSES	
9	CAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M	. MONTH DA	Y YEAR			ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
	MEDI	21d INJURY OCCURRED WHILE OT WHILE OF AT WORK	21e. PLACE O	F INJURY ET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOCATION	0/2	CITY OR TO	NWN	COUNTY	STATE
		22a. I certify that ([]) (this haspi saw the deceased alive on above, ([]) (we) (did) (did no 22b. SIC.	IVINL	3 19		d that in (my) (a	ly 60	death occurred on the d	ate and hour		that (I) (we) last causes stated
		Willa	11 1. C	Amor	2	ATI PH	TENDING IYSICIAN	MEDICAL STA	FF CIAN [7/1	8/81
1		220 PHYSICIANS NAME (TYPE C	ol R	Amos	2	240	4P/c.	asentrilk	RI F	Uton	Md2104
	(BURIAL BURIAL	JULY 21,	1981 MT	ZION	UM CEME	TERY		HARFOR		STATE
	24. FL	IOWARD K. McCOM	AS III,	ABINGDON,	, Mo.		JUI	REC'D. BY REGISTRAR	Plance	AR'S SIGNATI	URE

DHMH-16 30M 2/80 (VRA 15, 4)

				TATE OF MARYLAND		0 1 1	0
H				OF HEALTH AND MENTAL	HYGIENE	8 / 4	U
٠	e		CE	RTIFICATE OF DEATH			
oy b	Deg.	1. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH Manth	Day o Von	2b. HOUR
4 E	d 0	(Type or print) MINNIE	IRENE	GALLION	7 Manth	8 Day 81 Year	AM
Poge	200	1. SEX	RACE	S. DATE OF BIRTH	6. AGE (In year last birthday		UNDER 24 HRS.
	0	FEMALE	WHITE	9/27/1888	92	YRS. MONTHS DATS	DOKS MIN
er death	35 three	country)	ARFORD	8. MARRIED NEVER MARRIED XX WIDOWED DIVORCED	9. COUNTY OF DEATH	HARFORD	Md.
201 hours off	130	10. CITY OR TOWN OF DEATH HAVRE DE GRACE	11. NAME OF HOSPITAL OR INST give street address) BREVIN NURS	ITUTION (If not in haspital 12a. US during	UAL OCCUPATION (Kind of work most of working life, even if re USTODIANIS rumits? 13e. STREET AND NUM	dane 12b. KIND OF BUS	
212 24 h	CONT.	3a. USUAL RESIDENCE (Where deceased I		13c. CITY OR TOWN 13d. INSIDE CITY	V LIMITS? 13e. STREET AND NUM	HOSPITA	<u> </u>
ON C	3637		13b. COUNTY HADEODD			EMERE DRIVE	
RYL	* N 1	14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Mi	ddle	Last
MA ba	1 (34 6	JOHN	A. GALLI			ABETH AARO	ONSON
NORE, M	o di	16a. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY NO			dress ABERDEEN	
LIMO E	po di si	(Yes, na. or unknawn) (If yes give wor or	ortes of service) 214-24-2	968 EDITH COEN			
BAL	1 g g g	18. CAUSE OF DEATH (Enter only o	ne cause per line far (a), (b), and (c).)			APPROXIMATE BETWEEN ONSET	E INTERVAL
ET,	phy orben ony	DADT & DEATH WAS CAUSED DY	AUSE (0) Cardio resp	- 1			
TRE	0	4275 MINEULATE	DUE TO, OR AS A CONSEQUENCE OF				1340
NO 45	remove or ond in	Canditians, if any, which gave)	(b)				
EST		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				10,5
The the	oy the please removal	last.	(c)				
301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ss that the death certificate be executed within 24 hour	signed by nit. Then pl tion, or ren	PART 2. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	FRELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)		
5 , 3	been sign t permit. I cremotion,	19g. DATE OF OPERATION 19b. CON	DITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	JOHN IE VES WEDE EIN	DINGS CONSIDERED IN CERT	TEVING
requ	t perm	E 17d. Date of OPERATION 176. CON	DITION FOR WHICH OPERATION WAS PER	YES NO	CALISES OF DEATHS	SINOS CONSIDERED IN CERT	1111110
PEC ow		19d. DATE OF OPERATION 19b. CON	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (En		Port 2 Item 19)	
TAL he	Il-trons		HOUR A.M. Manth Day Year	ZIC. HOW INSONS OCCURRED (EI	ner nature at injury in rain t of	run 2, nem 10.j	
≥ 1.4°	ficote uriol-1	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLA	P.M. 19 CE OF INJURY (AT HOME, FARM, STREET, FACTI	DRY 1 214 LOCATION Street of P.F.D. 1	Na. City ar Tawn	County	State
DIVISION OF VITAL RECORDS, 5 PHYSICIAN: The low require or ottending physician.	the burning	While Nat while at wark		ORY.) 21f. LOCATION Street or R.F.D. I			
DIVIE HH to 10	thi e as	22a. I certify that (I) (this h	aspital) attended the decease	fram, 19. ', and that in (my) (our) o	, ta	, 19, that (I	i) (we) las
DINO	After or use Hygi	causes/stated above. (I	(we) (did) (did nat) view the b	ady after death.	pinan deam accorred an	rne date and naor an	ia main me
ATTENDING hospitol or	4 -	22b. SIGNATUXE			ALED STATE	22c. DATE SIGNED	
A ±	detoched	1/2/1/4	10 m	DEGREE PHYS.	MED. STAFF PHYS.		
TA!		22d. PHYSICIAN'S NAME (Type)	NDON E. RAYSON, N	1.D. 22e. ADDRESS	non The Ham	odo Conce 1	mal.
HOSPITAL	FUNERAL hould be f Health	23a. BURIAL, CREMATION, 23b. DALI	123c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Tow		Ralk
HC Heto	should to Health	REMOVAL (Specify)		RY U.METHODIST CE		HAREORD Mr	(Signal of
Leh-	-	BURTAL JULY 24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 255 REGI	ITARFORD I'L	1.
	- 16 3/72 25M R A15 (4))		SIII, ABINGDON,		1 0 1981	- 41	
(4)	V WIS (4))	THE THE PARTY OF THE	- TT I DITTUDON			PET CHIP	4.

	3			FOR		DEPARTA		OF MARYL	AND MENTAL HYGI	EME B		1 8 7	41
		Œ.	1	STATE REGISTRAR				CATE OF		REG. N	10.		
	6	1	I DE	CEASED NAME MARC	PERIT	MIGDLE		AST O 1 1	00.1	20 DATE OF DEATH	MONTH	DAY YEAR	535A
4	(A)	(L)	3. SE.		4 RACE	ELIZABET	5 DATE C	FERL	401	& AGE (IN YEARS LAST BE	THDAY	10 81	101
and A an		1		EMALE	WH	ITE	MONTH		99	8	Z YRS	MONTHS DAYS	HOURS MIN
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of care	letely 2 sho	× C	III FA	THER'S NAME FIRST	MIDDLE	LAST			S MAIDEN NAM FIRST	WIDDLE		LA	.51
-	comple 1 and 2	374		August		Brotzky		Anna				adowsky	
0	and c	the m		VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) [11 YES, GN	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMA	INT	. ADDR	ESS	2	1014
-	an a	£/		No		221-28-9	117	Irng	ard Gate	es. 240 Croc	ker	Dr. Bel	Air, Md.
the acres of	ing physic	matic eve		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)_	CARI	DIAC	ARI	REST.			BETWEEN	ONSET AND DEATH
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	en signe Then ple or to bur	ny injur	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	EATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COM	DITION	GIVEN IN PART 1	(a)
ALC: NO PERSON IN	te has be permit.	S shows a	CERTIFICATION	196 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	WAS PERFO	DRMED	200 AUTOPSY?	INCER	YES, WERE FIND TIFYING CAUSE YES []	NGS USED S OF DEATH?
MOIOIA	physical certifial al-trans	or Item 18	_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21s HOW IN	IJURY OCCURRI	ED JENTER NATURE OF INJU	IRY IN ITEM I	8, PART I OR PART 2)	
	nding ter th	arked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	NC	CITY OR TO	WN	COUNTY	STATE
Theres	- OSI	121 is n		22e.I certify that (I) (this hasp saw the deceased alive o		9 19 8	1 6	d that in (my)	(our) opinion d	eoth occurred on the c	late and h	. 19_ST	that (I) (we) lost
S. S. L.	hospi DIRE hed fo	VT: If Item		abave, (1) (we) (did) (did n 22h SIGNATURE	mail	y after death.	M	DEGREE	ATTENDING PHYSICIAN [1]	MEDICAL STA	AFF CIAN []	224. DATE	SIGNED 81
10000	retained by the TO FUNERAL should be detac	MPORTANT		221 PHYSICIAN'S NAME ITYPE	JAIR	M·D		276 ADDRES	"I blde	enfad R	1. 2	elista!	MD2147
F	- = + + 3	=	23a. 8	URIAL, CREMATION, REMOVA				EMETERY OR		238 LOCATION	-	COUNTY	Marvland
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	DHMH-16 2 (VRA 15, 4)			rring Funeral	Home, P.	A., Aberde	n,Md.	21001	250 DATE	1 4 1981	Plane	00	TURE

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FOR

STATE OF MARYLAND

Tarring Funeral Home, P.A., Aberdeen, Md. 21001

FOR

REGISTRAR

Burial

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

7h HOUR

HOURS

17h KIND OF BUSINESS OR

8:10 P

IF UNDER 24 HRS

1981

IF UNDER 1 YEAR

DAYS

Home

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YES [

COUNTY

22c DATE SIGNED

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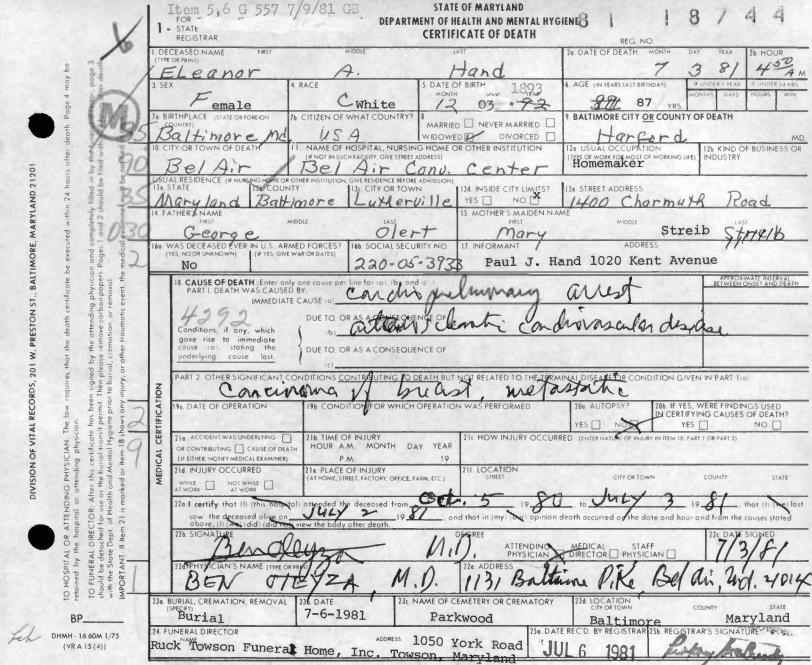
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740 Belair Road

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

DHMH-16 30M 2/80

(VRA 15, 4)

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STATE OF MARYLAND

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			CEASED NAME	FIRST		WIDDLE			LAST			E KNOWN	MONTH	DAY YE	AR 2b. HOUR
	1 IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE 5 FOR OUR FILES. LED, WHOMES OUN. STREET,	(TYE	E OR PRINT)	CYNTH	HIA	Α.		Н	AYES		01	TH MATED	2 7	10 19	81
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BALTIMORE,	PAC ORA	160 V	VAS DECEASEI	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	17. INFORMA	ANT		ADDRE	SS	- 504	
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	E X A V O				(c)										
DIVISION OF VITAL RECORDS,	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA "PENDING". IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO FF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PLED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE! BETTH AND MENTAL HYGIENE, DIVISION OF MENTAL HYGIENE, DIVISION OF MENTAL HYGIENE, DIVISION OF THE PENDING.	NO	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	IN BUT NOT RELA	TEO TO THE TERM	INAL OISEAS	OR CONDITION (GIVEN IN PART T	a				
2	INNER: THIS CERTIFICATE SHOULD EFICATE, WRITING THE WORD "PENER FORWARDED TO THE CHIEF WE TARRE PAGE 3 SHOULD BE USED AN 1THE STATE DEPARTMENT OF HEAD DAND, 21201 PRIOR TO BURIAL, CI	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTO	PSY?			
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9	S S B B S S S S S S S S S S S S S S S S	S. S.		I CAUSE WAS	21b. TIME (OF INJURY	DAY YEAR	21c. H	OW INJURY C	CCURRED (ENTER NATURE O	F INJURY IN ITEM	18 PART 1 OR P	ART 2)	
20	SET DE SE	3	UNDERLY INC	G CAUSE OF		m. 7-	10- 1981	Su	bject	drowne	d.				
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	A SHEET WAS	-	EXAMINER'S (TYPE OR PRI	NAME Ann	n M. Dix¢	on, M.I			ADDRESS	111	Penn S	oT.	100		
	TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STI. BALTIMORE, MARYLAND, 2			TION, REMOVAL	23b. DATE	23c. 1	NAME OF CEA	AETERY C	R CREMATOR	RY 2	3d. LOCATIO	7	COL	INTY -	STATE
V.		(Buria	L	7/15/81	0	AK I	_Au	N		BALT	CO Species	and had per	,	Md
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THE TANK AND THE STATE OF THE S MARKED X SOAN FIGURES

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page retained by the haspital or offending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burnal-transit permit. Then places remove corbon papers. Pages 1 and 2 should be filled within 72 hours with the State Davis of Health and Mental Houne and to burnal creamond.
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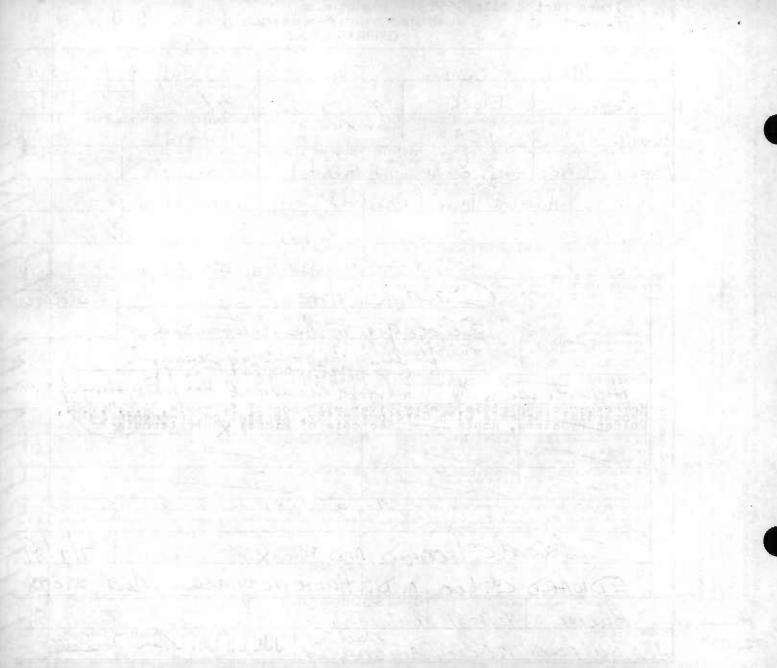
DHMH - 16 50M 7/77 (VR A 15 (4))

		FOR STATE REGISTRAR				RTMENT OF I	E OF MARYLAND TEALTH AND MENT TICATE OF DEAT	H	REG, NO		8 /	48
100		CEASED NAME OR PRINT)	RETT	ח	WIDDLE	HOME	LAST		DATE OF DEATH	1921	AY YEAR	26 HOUR 8:56 p.
1)	3. SE			RACE	AVIU		OF BIRTH	6	AGE (IN YEARS LAST BIRT	HDAY)	# UNDER 1 YEAR	IF UNDER 24 HRS
		MALE		CAUCAS		APRI	0 107		9	YRS.	ONTHS DAYS	HOURS MIN
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O O O	P	EL AIR		2400 SI	CHEACILITY, GIVE STR	PLACE	OR OTHER INSTITUTION		20. USUAL OCCUPATION OF WORK FOR MOST OF CHILD			F BUSINESS OR
986	13a S	AL RESIDENCE (IF NURSI TATE RYLAND	136 COUNT	Υ	BEL AI	NWC	13d INSIDE CITY LIA YES NO [X	3. STREET ADDRESS 2400 SHELF	BURNE	PLACE	
Jesomin 20		RONALD	Roy	DDLE H	OWELL LAST	SUBSTITUTE OF THE SUBSTITUTE O	CAROL		JOYCE ADDRE	ce	READ	T
nedicol		VAS DECEASED EVER ES, NO OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SE	CURITY NO.	RONALD R	. How		ir. Mo		
ury, or ather traumatic event, th	Z	Conditions, if ony, gove rise to imm couse (D), stating underlying couse	as Caused IMMEDIATE which nediote g the lost	DUE TO, C	Probas Pras a consecutive of the	DUENCE OF			Pongenit	DITION GIVE	N IN PART 10	7711.30
ows any in	CERTIFICATION	190 DATE OF OPERAT	HON	196 COND	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	05 (UNKNOWN 200 AUTOPSY? YES □ NO ■	206. IF YES,	WERE FINDS	NGS USED OF DEATH?
Item 18 sh		218. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	1	OF INJURY I.M. MONTH I.M.	DAY YEAR	21c. HOW INJURY (OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)	
ked or	MEDICAL	21d INJURY OCCURR	IALE	21e PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFE	CE, FARM, ETC }	21f LOCATION STREET		CITY OR TOW	/14	COUNTY	STATE
If Hem 21 is mar		220. I certify the (1) sow the decease obove, (1) (we) (d 22b. SIGNATURE	his hospito	Jan.	26 19	01	DEGREE		to <u>Julu</u> oth occurred on the do			
IMPORTANT: #		22d. PHYSICIAN'S NA CHARLES		AX, M.I	Day,	MD.	22e. ADDRESS	CIANXX	MEDICAL STAF	IAN 🗌	7-4-8 ارعاء	1 b.21050
N.	(URIAL, CREMATION, I		236. DATE ULY 8,				ARDEN	SBEL AIR	HARE	VIU	STATE
ת	1.50	HOWARD K.	McCom	AS III	, ABINGD	ON, MD		JUL JUL	7 1981	256. POS	RAR'S SIGMAT	hardy

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5:5	July 4, 1981		JAMES		WEGHAN
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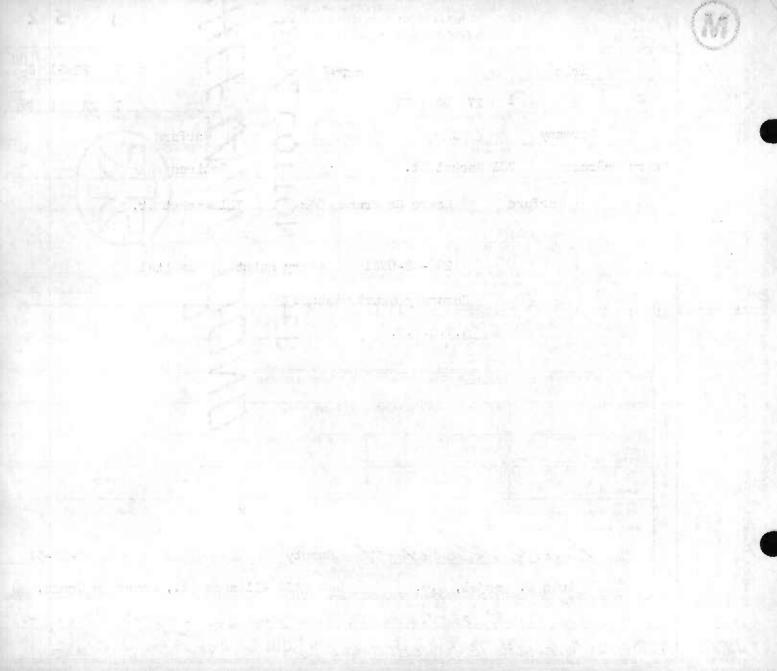
		Items Part 2 Film#G558 STATE OF MARYLAND
•	1.	FOR 8-26-81 AL DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 5 7 5 0
		REGISTRAR CERTIFICATE OF DEATH
		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
eoth ge		Mary Susan Joves July 6 1981 8:15 m
lom and	3. SE	X 4 ACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
e e 4		Female Black 9 18 39 41 YRS. MONTHS DAYS HOURS MIN.
d Day	7a. 8	RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
de ort	W	ast. D. C. USA WIDOWED DIVORCED Harford MD
i 1	10. C	TTY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 121. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
5 3 10	Ha	vre de Grace Harford Memorial Hospital Housewife
212 d in	USU.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136 COUNTY 132 CITY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS
AND 24 h		MD Harford Hayre de Grace YES B NO 528 N. Adams St.
RYL, withir within within within within	14. F.A	THER'S NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 LAST
w page out	6	IAPENCE BURIEU MARY Brown
, , , , , , , , , , , , , , , , , , , ,		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 165, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
		NO 279-50-7459 JERIMIAN JONES 528 N. Adams St. HdG, MD.
, BALT icote by hysicio popersion, and the int, the		18 CAUSE OF DEATH (Enter only one cause per line (or la), (b), and chine PART I. DEATH WAS CAUSED BY:
ST., I		PART I. DEATH WAS CAUSED BY: Archiae Threst Rudden
ON or receptor		4275 DUE TO, OR HONSEQUENCE OF C 1 1. A
PRESTO he death he ottend emove ca matian, c		Conditions, if ony, which
the the remover the		gove rise to immediate cause (o), stating the DUE 10. OR AS A CONTROL OF THE CONT
that d by lease ial, c		underlying cause last.
S, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	7	PART OF THE PSEGNIFIC ALL CONDITIONS CONTRIBUTING TO SEATH BUT MIT RELATED TO THE TEMPNAL DISEASE OF CONDITION GIVEN IN PART 1101 A COMP
ORD requ	CERTIFICATION	Hypertension Harford Memorial Hospital, Havredayrace,
D A GE & S	ICA	ASPITATION PROMISED PLANTS OF DEATH?
TALRI The le icion. The le icion. The le icion.	RTIE	Pulmonary edema, Acute necrosis of kidneys Wholesterosas No
> Z Z S S S S S S S S S S S S S S S S S		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING AUST OF DEATH 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SICIA ng ph certif oriol-t hentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
DIVISION ING PHYSI r ottending of the burg th and Mer orked or It	MED	216. INJURY OCCURRED 216. PLACE OF INJURY (AL HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. INJURY OCCURRED 216. PLACE OF INJURY (AL HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DIVISI DING PI or other th After th e as the alth and morked		AT WORK
END ruse Hea		220.1 certify that (1) (this hospital) attended the deceased from 7 - 6 19.81 , to 7 - 6 19.81 , that (1) (we) lost sow the deceased alive on 7 - 6 19.81 and that in (my) (our) applicand death accurred on the date and hour and from the course stated
ATT Ospid Sector defo		obove, (I) (we) (did) (did not) view the bady ofter death.
OR A DIRECTOR OF THE POST OF T		
SPITAL of the spiral of the sp	-	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN
HOSPI Ind be wild be hothers		
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State		EDWARD C. Loo, M.D. Houre de grace, Md. 21078
F .	23a. E	JURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 231. LOCATION COUNTY STATE
P/ BP	24 51	BULLA 1-1-8 BUVEL FAMILY LONGER USE OF THE DAY REGISTRANS SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)	1	INERAL DIRECTOR NAME / NAME / BEARD 117 F (Sail Ave Maryland) NOTE FOR THE BEARD 117 F (Sail Ave Maryland)
	K.L.	VII/NIVIA I LICHED III I SAII ALVE MANTAINAM



1 2	#5,FilmG557		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8	18751
	- STATE REGISTRAR	CERT	FICATE OF DEATH	REG. NO.	
of th	1. DECEASED NAME FIRST (TYPE OR PRINT) CONA	MYRTLE	LANE	20. DATE OF DEATH M	7 15 81 12 AM
m moy	3. SEX	4 RACE 5. DATE	OF BIRTH 1888	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4 960 MRM)	FEMALE	WHITE "2	1°0 1'9'00	93	YRS.
de oth. P	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) XX CANADA	USA		HARFOR	
rs ofter by the filled with	FAUSTON	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FALLSTON GENE		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR	VORKING LIFE) INDUSTRY
AND 21:	JUSUAL RESIDENCE (IF NURSING HOM 130. STATE 130 CC	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION DUNTY 13 CITY OR TOWN BELATE	1) 13d INSIDE CITY LIMITS?	13. STREET ADDRESS 2 Linwood	d Court
mpletely and 2 sh	14 FATHER'S NAME FIRST WIELIAM	MIDDLE	15. MOTHER'S MAIDEN NAM		DICK LAST
BALTIMORE, cote be execut ysicion and co ppers. Pages 1 vol. t, the medical.	16a. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166. SOCIAL SECURITY NO. 572-22-0174	Mary Mcwi	lliam (DAU	
JS, 201 W. PRESTON ST luires, that the death certification by the attending pren please remove carbon to burial, cremation, or reminry, or other froumatic evilony, or other froumatic control of the statement of	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAL	107	nefabol ASCU O	INAL DISEASE OR CONDI	ra 3 whs
he low requiren. on. has been signermit. Then ene prior to be ows ony injury.	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATE	ON WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
DIVISION OF VITAL NG PHYSICIAN: The ottending physician differ this certificate has the buriol-transit pit and Mental Hygier than and Mental Hygier arked or term 18 show	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR			
DIVISION ING PHYS offer this c os the bur th and Me orked or H	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY {AT HOME: STREET, FACTORY, OFFICE, FARM, ETC.}	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN aspital or ECTOR: Af d for use or n of Health	saw the deceased alive		ond that in (my) (our) opinion o	to 7-/J	ond hour and from the causes stated
the hor the hor the hor the hor the beginning in the Bernard in th	22b. SIGNATURE	Low C. May	DEGREE PHYSICIAN N	MEDICAL STAFF	221. DATE SIGNED 7-15-81
TO HOSPITA retained by TO FUNERA should be de with the Stat	22d. PHYSICHN'S NAME (TO	CTO VALARAC	17/6 H	ARFORD I	ed Fallston Md
P BP	230. BURIAL, CREMATION, REMOVING (SPECIFY) REMOVAL	ZXXXXXXXXXXX 131 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	ANA BONY BO	ARD C55 W. BAH	MORA ST 250 DATE	E REC'D. BY REGISTRAR 25	REDISTRANS SIGNATURES

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	T. Carried Street, 27 C		

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(IAI)	1-	STATE REGISTRAR			DICAL EXAMIN				REG. NO.	•		
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE	KNOWN 🖂	MONTH	DAY YEAR	2b HOUR
ASE DR. JRS ET,	,,,,,	Er		Erw	in	Marp	KRUS	OF DEATH	ESTI- MATED 🔀	7	22,81	8p M
RY, PLEA DIRECTO OUR FIL 72 HOL	3. SEX	4. RACE		5. DATE OF BIRTH	YEAR LAST BIRTHE	EARS IF LIN	DER I YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOU DEAL	NCED	MONTH 7	DAY YEAR 23 1981	2d. HOUR 30 9a M
ESSA FIRM THIN EST		RTHPLACE (STATE OR		76. CITIZEN OF WH	AT COUNTRY?	B. MARRI	ED NEVER MARR	ED X 9. BALTIA	AORE CITY OR			
N. WINEGO		Ger	many	U.	S.A.	WIDOW	ED DIVORC	ED 🗆 Har	ford		175	MD.
ELAY IS PAGE PAGE SS, 2011		TY OR TOWN OF DEAT		11. NAME OF HOSE (IF NOT IN SUCH FAC 701 Mar	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) KET ST.	E, OR OTH	er institution	FOR MOST OF WO	RKING LIFE)	FWORK 12	OR INDUSTR	SINESS
21201 TANY D AND 3 I RETAIN HOULD		AL RESIDENCE (IF IN NUR. TATE MD	36. COUNT	ſΥ	13c. CITY OR TOWN	on) Grace	13d. INSIDE CITY LIMITS?	13e STREET ADDR		7		
BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, ITH FORM PM. 3: PAGES 1 AND 2 3: INISION OF VITAL	14. F/	ATHER'S NAME FIRST	U	middle	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE		LAST	
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TO MEDICAL EXAMINER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. STETAIN PAGE 5 FOR YOUR FILES. AFTER DEATH, WITH THE STATE DEPARANGIN OF HALLH AND MENTAL HYGIENE, DIVISION OF VITAIR RECORDS, 201 W. PRESTON STREET, BARYLAND, 21201 PRIOR TO BURLALL, AND MENTAL HYGIENE, DIVISION OF VITAIR RECORDS, 201 W. PRESTON STREET, AND THE WORLD		ACTUAL SIGNATURE	Natura	al causes X,	my	Autap:	Homicide	Undetermined m	anner ,	DATE SIGNED.	7-23-6	
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26 HOUR

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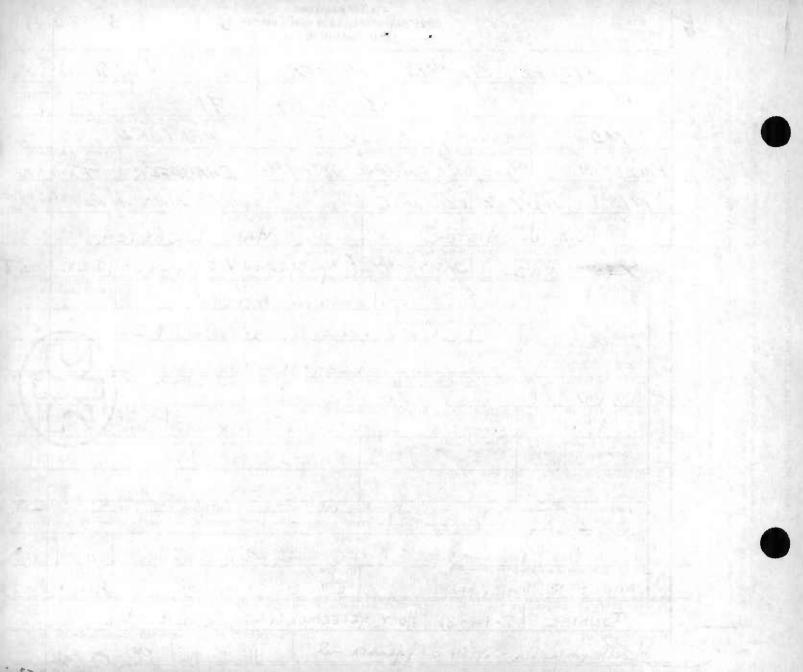
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND

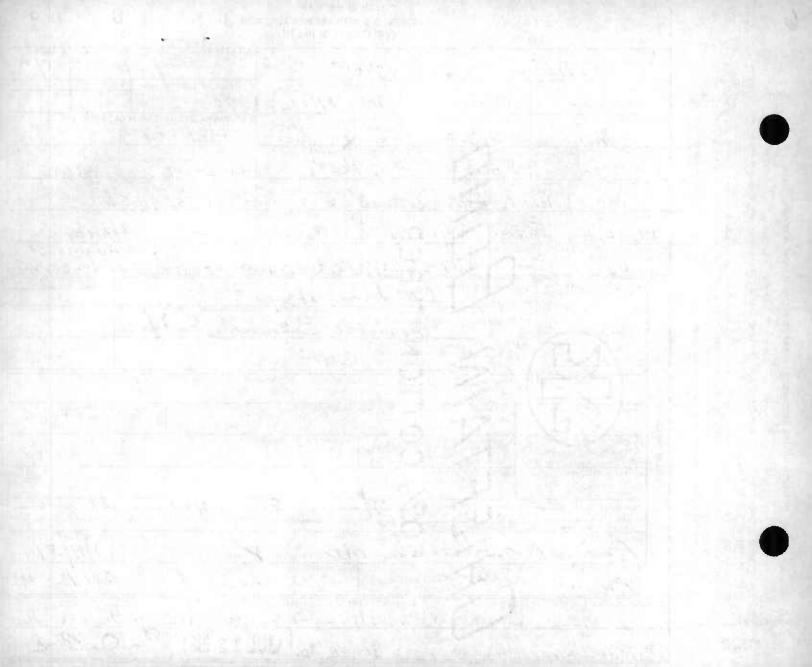
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	hasp hasp shed for sept. o		22b. SICA ATURE	or) view the body offeriaeom.	DEGREE		22c. DATE SIGNED
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176	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 8	158
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may be page 3		JOHN FRANCIS OMALLORAN 7-21-	744
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

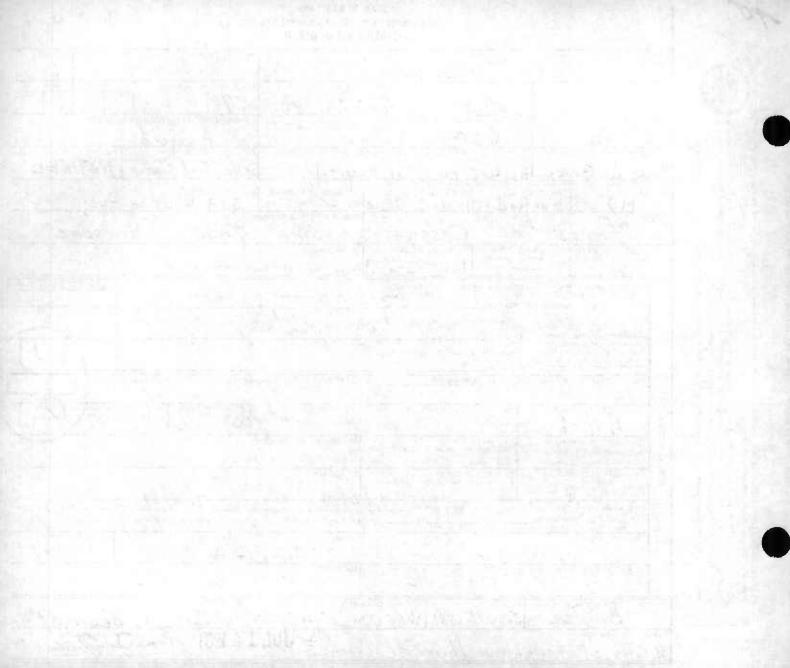
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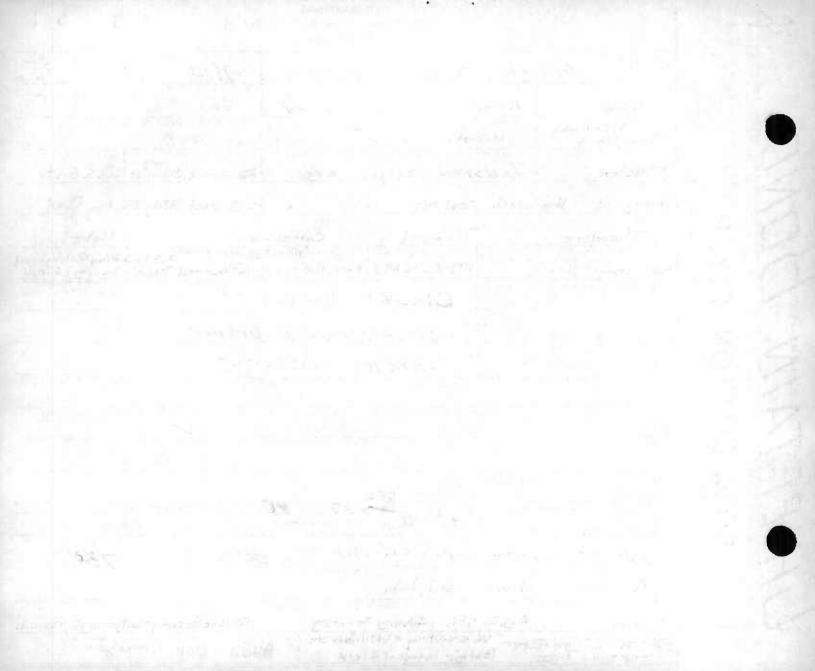
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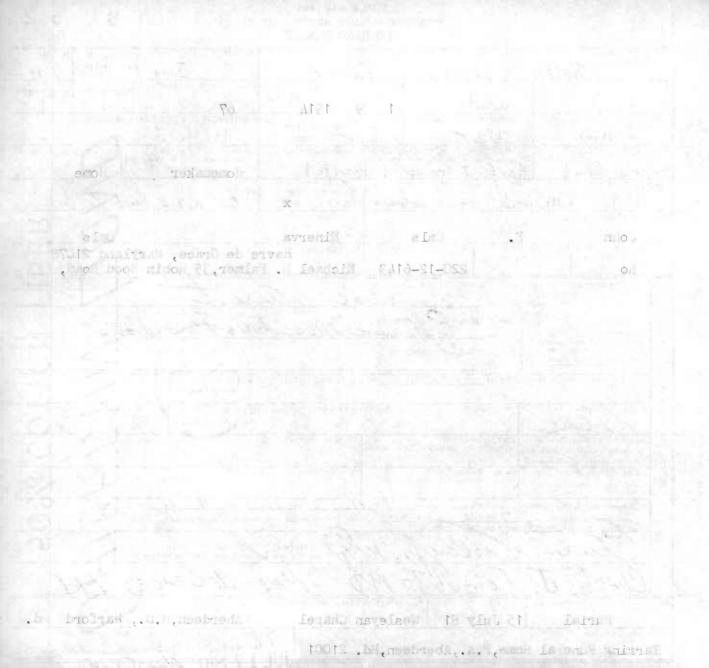
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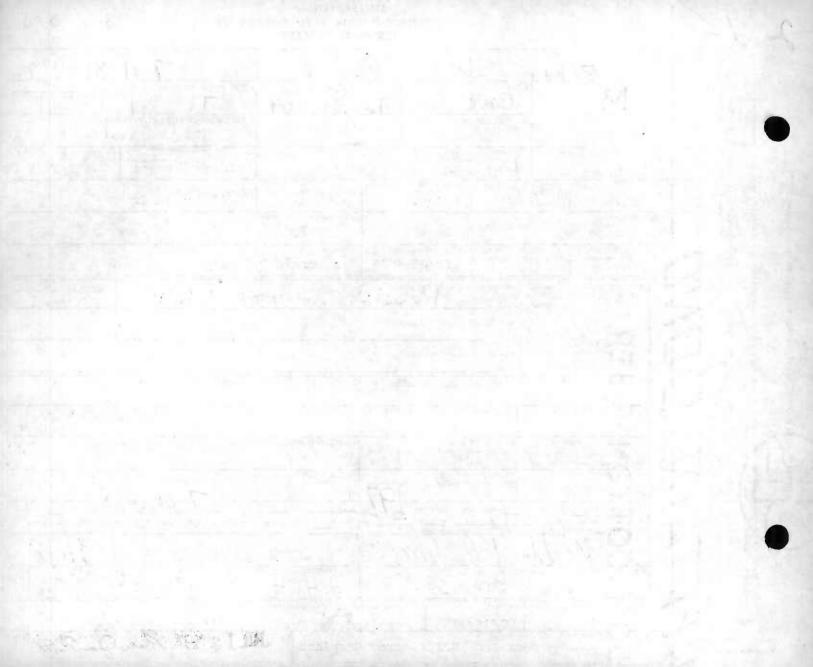


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the Doct		to the) Min	ATTENDING	MEDICAL STAFF	7/14/01
by JERA JERA De de de de ANT		22d. PHYSICIAN'S NAME (TYPE OR PI	7000	Table ADDRESS	DIRECTOR PHYSICIAN	1/1/1/
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		II CAUSE OF	DEATH (Enter on	ly one cause per li				5	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	•	JEI MA		APPROXIMAT	EINTERVAL
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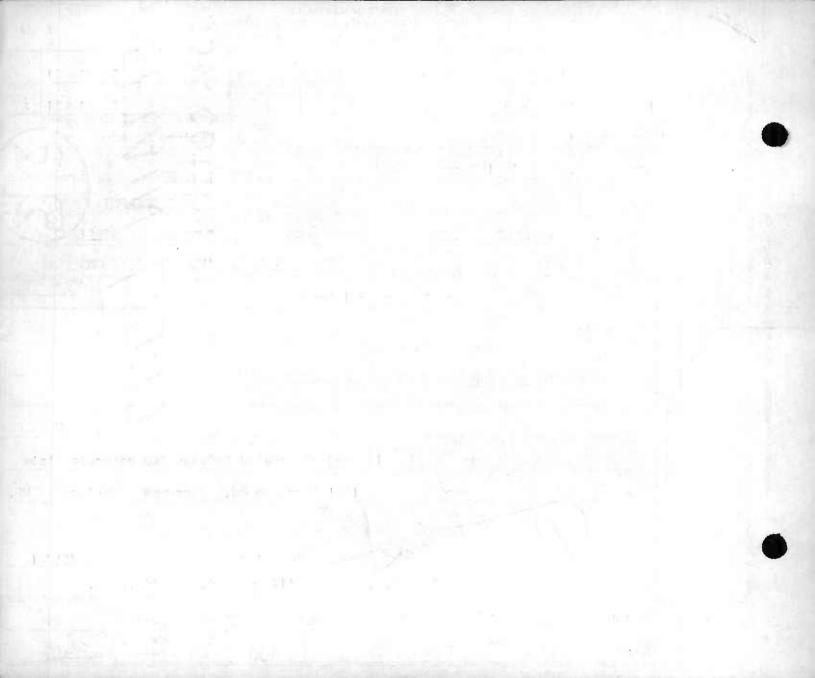


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MD. MD.	14. FA	THER'S NAME RICHARD PULLU	Mwiddle	LAST	15.	MOTHER'S MAIDE	UNK	MIDDLE		LAST	
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i, BAL ficote physicia novol: rent, th		8 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	r (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TI COLO		sow the deceased alive on obove, (I) (we) (did) (did not) view the body after (eath, and that in (my) (our) opinion	death occurred on the date and hour and from the causes stated
OR ATT the hospiral DIRECTO ched for Dept of them 21		SIGNATURE	DEGREE	22c DATE SIGNED
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5 € 5 € ¥ ₹ ₹ ₩	23o.	IRIAL, CREMATION, REMOVAL 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN COUNTY STATE
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Poges 1	160. WAS DECEASED EVER IN U.S. A		RITY NO. 17. INFORMANT	ADDRESS Stein (wife) Same as #13
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ctor, p	23	3. SE	MAIE	White	S. DATE		6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YEA MONTHS DATS	
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¥ Per dir	ō	MEDICAL	WHEE STANDERS STANDER	THE PLACE OF INJURY	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn county	STATE
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	n 21 i			or vig the bady after death	1987	and that in (my) (our) opinion	death occurred on the do		
0 4 0 50	II. If hem		226 SIGNATURE	161	-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F / /20	E SIGNED
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